		FOR - STATE REGISTRAR			CERTIFI	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. N		3 - 0 2	928	
	I. DE	CEASED NAME FIRST Nicho	las Jose			AST		February	12, 1	979 YEAR	7:22A	4 ,
	3. SE	Male	4 RACE White		5. DATE O	F BIRTH 6, 1898	3	AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 H	HRS
3	7a, BI	Balto. (ity	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED		Baltimore city o				MD.
7		Rossville	(IF NOTIN SUCH E	SPITAL, NURSING ACUITY, GIVE STREET AI LIN SQUA	DDRESS)	ROTHER INSTITUTION		28. USUAL OCCUPATI TYPE OF WORK FOR MOST O Ratined		126. KIND C	n Mari	or ett
12	13a. S	M. Balt	ROTHER INSTITUTION, GIV NTY 13	ERESIDENCE BEFORE	iver	134 INSIDE CITY LIMI			uter Ap	ats-21	221	
3	14 FA	ATHER'S NAME FIRST Consta	nt J. Ada	LAST		15. MOTHER'S MAIDE FIRST	ry E.	liz. Weign	ın	ĮAS	ıT	
1	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16 E WAR OR DATES)	213-12-6	6016	Mrs. Alber	rta 1	M. Adams -	ss Lan	ngely i	Rd21. er Apt	221
	TION	Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A		NCE OF	NOT RELATED TO THE	n	IAL DISEASE OR CON				
1	CERTIFICATION	196. DATE OF OPERATION	196 CONDING	ON FOR WHICH C	DPERATION	N WAS PERFORMED		YES NO	IN CERTIFYI	WERE FINDING CAUSES	OF DEATH?	,
9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK (In this hosp sow the deceosed olive or obove, when (did) (122b. SIGNATURE	P.M. 21e. PLACE OF (AT HOME, STREET itol) oftended the d Feh 1	MONTH DATE INJURY FACTORY, OFFICE, FA	19 RM, ETC.) Feb.	21f. LOCATION STREET	79	CITY OR TOV	12 19	COUNTY 79) lost
1		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)			9000 Fran	nklir	n Square Di	r i ve	-		161
	(BURIAL, CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR DAM (. Miller	23b. DATE 2-15-7 Inc-6415	9 Ho	Ly RE	deemer (en	n	23d LOCATION CITY OR TOWN BOLLS REC'D. BY REGISTRAR 5 1979	25h An GISTRA	OUNTY AR'S SIGNAT	STATE	

DHMH - 16 50M 7/77 (VR A 15 (4))

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- Desilver				n 7/17-07.		

	1	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 79-02929	
		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST Eliza	beth	Airey	20 DATE OF DEATH MONTH DAY YEAR 26 HC	0.8 66
or, po	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	TO THE PARTY OF TH	DER 24 HRS
ours o		FEMALE RTHPLACE (STATE OR FOREIGN	Caucasian	10 16 86	YRS	
72 ho	100	OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	Baltimore County of DEATH Baltimore County	
outhin cathin		ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NU	WIDOWED DIVORCED DIRSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSI	INESS OR
filled y	Ou	vings Kills	Baptist Hom	K of Hary and	Hone maker	
filled in	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	NTY 13 CITY OR	BEFORE ADMISSION)	13e STREET ADDRESS	
sh sh	14. F/	aryland C		15. MOTHER'S MAIDEN NA	I Park Avenue	
ond 30		William	ALAST ALAST	rey Catheri	ne CARLE	
Pages 1	16a \	VAS DECEASED EVER IN U.S. A	(E MAIAR OR DAYEE)	SECURITY NO. 17 INFORMANT	Baptist Home of Haryland.	Inc.
ers. Pa		No	715-0	1-3335 J. Zepp. L.P.N	· 10729 Pack Heights Ave. Owings H	lills, H.
attending physinove corbanpop otian, or removo Iroumotic event,		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CONS	SCUD WITH Ch	ease BARINS >54	Ins
l, cremot		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	EQUENCE OF		
E -	NOI	couse (a), stating the underlying couse last	(c)		MINAL DISEASE OR CONDITION GIVEN IN PART TO	
permit. Then please ren ene prior to buriol, crem ows ony injury, or ather	TIFICATION	couse (a), stating the underlying couse last	CONDITIONS CONTRIBUTING		200. AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	SED EATH?
of Hygiene prior to buriol, crem n 18 shows ony injury, or ather	AL CERTIFICATION	Couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION WAS PERFORMED DAY YEAR TO DEATH BUT NOT RELATED TO THE TERM PROPERTY OF THE TERM TO DEATH BUT NOT RELATED TO THE TERM TO DEATH	200. AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	EATH?
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Ns. After this certificate has been signed by the use as the buriol-transit permit. Then please ret Health and Mental Hygiene prior to buriol, crem is marked at Item 18 shows any injury, or ather is		Couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINED LOST AT WORK A	CONDITIONS CONTRIBUTING 19b CONDITION FOR W 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of	DAY YEAR 19 211 LOCATION STREET 219 219 211 LOCATION	200. AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY , to 4, 1945, that (I)	STATE
IRECTOR: After this certificate has been signed by the hed for use as the buriol-transit permit. Then please remept of Health and Mental Hygiene prior to buriol, cremitem 21 is marked at Item 18 shows any injury, or ather		Couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINED LOST AT WORK A	(c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET Om 19 20 and that in (my) (one pinior) DEGREE	200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY To 2 4 , 19 4 , that (I) a death occurred on the date and hour and from the causes	STATE STATE STATE State State State State State
ERAL DIRECTOR: After this certificate hos been signed by the edetoched for use os the buriol-transit permit. Then please ret State Dept. of Health and Mental Hygiene prior to buriol, crem INT: If them 21 is marked at Item 18 shows any injury, or ather the state of		COUSE (0), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK 27a. I NJURY OCCURRED WHILE AT WORK 27a. I certify that (II) (IM) has power than the deceased drive or obove, (I) is a sow the deceased drive or obove, (II) is a sow that the country of the deceased drive or obove, (II) is a sow the deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that driv	(c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR TO DEATH BUT NOT RELATED TO THE TERM PHICH OPERATION WAS PERFORMED 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY 1 death occurred on the date and hour and from the causes	STATE STATE STATE State State State State State
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DIRECTOR, After this certificate has been signed by the ached for use as the buriol-transit permit. Then please en Dept. of Health and Mental Hygiene prior to buriol, crem If them 21 is marked at them 18 shows ony injury, or other:	WEDICAL 23e. 1	COUSE (0), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK 27a. I NJURY OCCURRED WHILE AT WORK 27a. I certify that (II) (IM) has power than the deceased drive or obove, (I) is a sow the deceased drive or obove, (II) is a sow that the country of the deceased drive or obove, (II) is a sow the deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that deceased drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that drive drive or obove, (II) is a sow that driv	CONDITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, of	DAY YEAR 19 216 HOW INJURY OCCUI FICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY CUNTY ABEDICAL STAFF DIRECTOR PHYSICIAN 220 221. DAYE SIGNE ADD LUTHER VILL, Hd. Z10 230. LOCATION COUNTY	STATE STATE STATE STATE STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR XC 02 0	3L 879		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		293	0
	DECEASED NAME FIRST	MIDDLE	t.	AST		MONTH DAY	YEAR	Zb. HOUR
(TYI	PE OR PRINT) BUDDIE	W.	AT.	LEN	FEBRUARY 2	1979		9:45 pm
3. S		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTI	IDAY) IF I	JNDER 1 YEAR	IF UNDER 24 HRS.
	MALE	BLACK	APRI		81	YRS.	THS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY O		DEATH	
100	VIRGINIA	U.S.A.	WIDOWE	DINEVER MARRIED DINORCED	BALTIMORE	COTTNITY		MI
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME O		12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	NC		BUSINESS OR
130.	UAL RESIDENCE (IF NURSING HOME OF LISTATE 136, COUN MARYLAND	13t. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN ALTIMORE	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1916 PENRO	SE AVE	NUE	
14. F	FATHER'S NAME FIRST WILLIAM	MIDOLE	ALLEN	15 MOTHER'S MAIDEN NA/ FIRST ANNIE	ME		Hope	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
4	YES WW		15 05 1664	CLIN. RECDS.	V.A. MEDICA	AL CENT	ER, FT	. HOWA
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE							ATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	DIORESPIRAT	ORY FAILURE			MINU	
	Conditions, if ony, which gove rise to immediate couse 0), stating the underlying couse lost	(b) WIT	h metastasi	CEREBRAL VASC				NTHS
	PART 2 OTHER SIGNIFICANT ((6)			INAL DISEASE OR CONE	OITION GIVEN		
Z		and the same of the same		NARY TRACT IN				
CERTIFICATION	19a DATE OF OPERATION		FOR WHICH OPERATION		200. AUTOPSY?		VERE FINDING	
		HOUR A.M.		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY, OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY OR FOW	N	COUNTY	STATE
	220. I certify that (this haspi saw the deceased alive on above, (we) (did)	0/00	19. 79 on	d that in (our) apinion	, to <u>2/22</u> death occurred on the do	te and hour o	nd from the co	
	22b. SIGNATURE ULA	- Shyan	y wh	ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC	FIANXX	2/23 DATE S	
	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	WEN-SHYANG	WU, MD		VAMC, FORT	HOWARD, MD	21052		-
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)			ew Mem. Par	23d. LOCATION CITY OF TOWN	ville,	Mary	state
24	FUNERAL DIRECTOR		ADDRESS	25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	RE
M	MARCH FUNERAL HO	ME E. NORT		O, MD FF	B 2 6 1979	per pe	y Mel	ready

DHMH - 16 50M 7/77 (VR A 15 (4))

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		COLD PROPERTY OF THE TAIL AND
A PARTY SANATAY		
	ONDITAL PROPERTY.	
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02021

		REGISTRAR				CERTIF	ICATE OF DEATH	REG NO	19-	0 2 3	31
ij		CEASED NAME OR PRINT)	FIRST	RTIN	L. AF	RMACO	ST	02-19-7	MONTH DAY	YEAR	7:00 M
	3. SE)	MALE		CAU(CASION	5. DATE C		6. AGE (IN YEARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
F	CC	RTHPLACE (STATE OR FOOD DESIGNATION OF THE PROPERTY)		USA		WIDOWE		BALTIMORE CITY O	E COUN		MD,
6	TO		ARYLA	ND GF	REATER B	BALTO	OR OTHER INSTITUTION . MED. CENT	TYPE OF WORK FOR MOST OF Mechan		12b. KIND OI INDUSTRY Carpe	BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURS STATE Md.	13b. COUN'	other institution, ty 1to	131. CITY OR TOW Upperco	N	13d INSIDE CITY LIMITS? YES NO TO	17328 Ple	asant M	leadow	Road
3	14 FA	Henry	м	IDDLE	Armacost		15. MOTHER'S MAIDEN NAM	MIODIE		Martiï	1
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	220-03-		Mrs. Ann Arma	acost, Upper			AATE INTERVAL
	Z	Conditions, if ony, gove rise to imm couse (o), stobir underlying couse	, which mediate ng the lost.	(b)	A CUT R AS A CONSEQUE A S CONSEQUE R AS A CONSEQUE DOTTRIBUTING TO E	ENCE OF D	NOT RELATED TO THE TERMI	NAL DISEASE OR CONL	DITION GIVEN	I IN PART Ha	3
2	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDIN NG CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR! WHILE NOT WAT WORK AT WO	CAUSE OF DEAT ALEXAMINER) RED	P. 21e. PLACE	M. MONTH DA	19	21c. HOW INJURY OCCURRI 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR		1 OR PART 2)	STATE
	(TOTAL SECTION	220. I certify that (I) sow the decease obpve, (I) (***) (c 22b. SIGNATURE	did) (dd mi	W R				, to 02 - 10 death accurred on the do			SIGNED
1		NATHAN	I M. I	ROSENB			22e. ADDRESS G.B.M. C. 67 V		RLES S	I2	1204
	23a. B	BURIAL, CREMATION, SPECIFY Burial	REMOVAL	23b. DATE 2-22-		_	EMETERY OR CREMATORY Cemetery	23d. LOCATION CITY OR TOWN Hampstea		Balto	Md.

BP DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified or once

completely filled in by the

signed by the attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physicia

> 24. FUNERAL DIRECTOR
> NAME
> Eline Funeral Home, Hampstead, Md. 21074

Hampstead Balto 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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the attending physician and campletely filled in by the funeral direc remove carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02933

	ECEASED NAME FIRST	MIDDLE	LAST	REG. N	
	ECEASED NAME FRST GEORPRINT) GEOR		JR	Fig. 7	MONTH DAY YEAR 26 HOUR
3 SE:	X /	LRACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24
	M	W	1944 3 1903	73	MONTHS DAYS HOURS A
	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
	NV	USA	WIDOWED DIVORCED		to Co
	To kkville	2866 LINWOOD	HUR	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	DE WORKING LIFES IN LISTAY
130 5	JAL RESIDENCE (IF NURSING HOME ORC STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13. DITY OR TOWN 1. DIKKU: K	YES NO		WOOD AUE
14 FA	CECRGE E	ARO SR LAST	15. MOTHER'S MAIDEN NA	F. HERLERT	LAST
	WAS DECEASED EVER N U.S. ARM (YES, NO DRUNKNOWN) (IF YES, GIVE V	NAR OR DATES) 166 SOCIAL SECUR		récorus	ESS
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	I (c.	/	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUSED IMMEDIATE	1:1+ : ()	nory thorn	16515	minuly.
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN			10 gens
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	7	V
NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART 110
AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
TIFIC	Face Telephone			YES NO	YES NO NO
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR 19 21f LOCATION		RY IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	H HOUR A.M. MONTH DA' P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 31) Ottended the deceased from 19.77	Y YEAR 19 216 LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY STAT: 7 , 19 29 , that (1) (we
	OR CONTRIBUTING CAUSE OF DEATI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital sow the deceased alive anobave, (1) (we) (did) (did not) 27b. SIGNATURE	H HOUR A.M. MONTH DA' P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA sol) ottended the deceased from view the body after death.	Y YEAR 19 21t LOCATION STREET 19 4 19 4 19 4 19 5 19 6 19 6 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7	RED (ENTER NATURE OF INJU	WN COUNTY STATI To a state of the ond hour and from the causes state 22c. DATE SIGNED
	OR CONTRIBUTING CAUSE OF DEATI (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this haspital sow the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE QUE 22	H HOUR A.M. MONTH DA' P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA sol) ottended the deceased from view the body after death.	Y YEAR 19 21t LOCATION STREET 19 4 19 4 19 4 19 5 19 6 19 6 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7	CITY OR TO	WN COUNTY STAT. 19 29 that (1) (we late and hour and from the causes state 22c. DATE SIGNED

DHMH - 16 60M 1/75 (VR A 15 (4))

EUNERAL CHAPE / 8800 Manter Ru

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital ar attending

should be detached for use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by the

STATE OF MARYLAND 79-02934 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR UNDER 24 HRS YEAR HOURS STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore. Md. WIDOWED DIVORCED [(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIPE TO Crain Operator-ShipYards MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 14 FATHER'S NAME MICOLE MIODLE William Aud Mary China BaltimoreADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-5457 Mrs. Madeline T. Fay-5406 Frederick No 18 CAUSE OF DEATH (Enter only one couse per line 100, o), (b), and ic PART I. DEATH WAS CAUSED BY: ne umani IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 1 result 190 DATE OF OPERATION 96 CONDITION FOR WHICH GERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased olive on abave, (1) (we) (did not) view the bady ofter death ____, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 226. SIGNATURE DEGREE Id be detoche the State Dep ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS BOB ARELIS shoul 0 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial New Cathedral Cemetery Baltimore. Md. BP. _ 24 FUNERAL DIRECTOR Sterling Juneral Estate ADDRESS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 736 Edmondson Ave (VR A 15 (4))

mars or and miles

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02935 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHOAY) 3 SEX 4 RACE DATE OF BIRTH MONTH 1894 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Randallstown 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 8920 Liberty Road Baltimore Maruland 21133 15 MOTHER'S MAIDEN NAME Famie Jones Collison Frank George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mr. William PortBanes 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 8920 Liberty Rd. Randallstown, Md. 21133 None 214-24-6870 A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY homes IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 560 onditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL orked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased al and that (m/my) pour) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did Flaid not) 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL * FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (PPE OR PRINT) 22e. ADDRESS should b 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burial Feb. 19, 1979 Woodlawn Cemetery Woodlawn Baltimore Maryland 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR DHMH - 16 60M 1/75 (VR A 15 (4)) 8728 Liberty Road Randallstown, Md. 21133

completely filled in by the funeral directors I and 2 should be filed within 72 hours at

STATE OF MARYLAND

DED ADTMENT OF MEALTH AND MENT AL HYCITUS

Baltimore County, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FFB 6 1979

1979

1.	STATE REGISTRAR		DEFAI	CERTIF	ICATE OF DEATH	REG.	NO. 79	-025	936
	CEASED NAME FIRST OR PRINT)		MIOOLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	Lan	ra i	Anne	Ra	nnor	Fobruar 6 AGE TINYEARS LAST B	7 5 1	979	202 M
3 SE		4 RACE	4444	S. DATE C	DAY YEAR	6 AGE TIN YEARS LAST B		THUNDER I YEAR	HOURS MIN
	Female	Whi	ite	Dec.		47	YRS.	DATE	HOOKS
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ryland	USA		WIDOWE	DIVORCED X	Baltim		untv	MD.
	ssville 21237		HOSPITAL, NUR CHEACILITY, GIVESTE Klin Sq		or other institution ospital	OSUAL OCCUPA (TYPE OF WORK FOR MOST Assembler	OF WORKING LIFE	INDUSTRY	Factory
USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN Balt	OTHER INSTITUTION	GIVE RESIDENCE BE		13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 975 Punja	b Circ	le 2122	1
14 FA	THER'S NAME	MIODLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
	Michael	-	Vogel		Anna			?	
16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR OATES)	213-28		Bertha L. A	lias, daug	RESTI Te	nt Mill 21208	Lane
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>C</u>		O DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME C	OF INJURY		21¢ HOW INJURY OCCURR	YES NO	X		NO []
	OR CONTRIBUTING CAUSE OF DEA		.M. MONTH						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFI	CE, FARM, EYC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this haspi sow the deceased alive on above. (1) (we) (did) (did no	Febru	ne deceosed from	Febr	nd that in (my) (our) opinion o	, to Februa death occurred on the	ary 5. dote and hour	ond from the c	that (1) (we) lost couses stated
	22b. SIGNATURE AM	Har	ian,	her	ATTENDING PHYSICIAN		AFF	22t. DATE S	SIGNED
	22d. PHYSIGIAN'S NAME (TYPE O				9000 Fran	klin Squa	are Dr	i ve	21237
230	BURIAL, CREMATION, REMOVAL	Janare 123b, DATE	dhanan	I NAME OF C	EMETERY OR CREMATORY	123d LOCATION	are Dr		41431
230. (Burial Burial	2-8-7			m Cemetery	Baltimor	e Count	ty, Mar	yland

ADDRESS 1407 Old Eastern AveFEB6

BP. DHMH - 16 50M 1/76

should be detoched far use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

marked or Item 18 shaws any

IMPORTANT: If Item 21 is

Funeral

Home

this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN, The

retained by the haspital or TO FUNERAL DIRECTOR:

(VR A 15 (4))

transferred promote mental and response on the second seco

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician completely filled in by the funeral director, page 3 , 1 and 2 should be filed within 72 bours after death

injury, or other troumotic event, the medical from

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the busial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

24. FUNERALDIRECTOR

pe may

executed within 24 hours after

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-12937

J	' '	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	1 3	-02	,	
		EASED NAME OR PRINT)	FIRST	٨	AIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1	(1112)	MYI	RON		В.	BAR	TON , Sr.	FEBRUARY	4, 19	79	3:36	Рм
f	3 SEX		- 1	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24	HRS MIN.
d	. 1	Male		Whit	ce	Sept		85	YRS.	MUNINS DATS	HOURS	MIN.
K		RTHPLACE (STATE OR FOR	REIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	-	
		ryland	9.3	U.S.A	A.	WIDOWE		BALTIMO	RE CO	UNTY		MD
	10 91	Y OR TOWN OF DEAT		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Track For	F WORKING LIF	E) INDUSTRY	OF BUSINES	SOR
	USUA	L RESIDENCE (IF NURSIF						LIACK TOI	Cman	to III	vau	_
5	Ma:	ryland	Balt	TY	Phoenia	N		13 STREET ADDRESS 14615 01	d Yo	rk Ros	ıd	
7		THER'S NAME FIRST	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	-	LA	ST.	
2	C]	harles			Barton	- 18 14	Anna			cDermo	tt	
	160 W	AS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	1461		York	Rd
	No	0			717-07-	-6777	A. Virgini	la Barton,	Pho	enix,	Md.	
		18 CAUSE OF DEATH	(Enter only	y one couse per	line for (a), (b), one	d (c)				BETWEEN	ONSET AND DE	AL EATH
		PART I. DEATH WA		OBY: CAUSE (D)	Cardiac	arres	t					
		4292		DUE TO O	R AS A CONSEQUE	NCE OF						
		Conditions, if ony,	which	(b)_			nary artery i	insufficienc	у			
		gove rise to immi		DUE TO O	R AS A CONSEQUE	NCFOF				1 4.4.7		
		underlying couse	lost.	(c)			tic cardiovas	scular disea	se		200	
1		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIV	EN IN PART 1	0)	
ħ	O N				Ascites							
	CERTIFICATION	196 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		12
	Ē							YES NO		S [NO [
1		21a. ACCIDENT WAS UNDE		21b. TIME O		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)	HOY	
	CAL	OR CONTRIBUTING C		P.,		19						
	MEDICAL	214 INJURY OCCURRI		21e PLACE	OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TOW	VN .	COUNTY	STAT	re
	2	AT WORK AT WOR	IK				7.0		,	70		
		22a I certify that 💥 (this hospite	ol) ottended the	e deceased nom_	ebrua	iry 2	Februar , to Februar	y 4	19_79	that of (we	e) lost
		sow the deceased	d olive on	Februa view the body	ry 4 19	/9_, or	nd that in (our) opinion	deoth occurred on the de	ote and hou	or and from the	couses state	ed
1		226. SIGNATURE	10	5			DEGREE			22c. DATE	SIGNED	
		< J	(1)	//	2 M.	3	ATTENDING PHYSICIAN	MEDICAL STAI	IANX	Feb.	5, 1	979
		22d. PHYSICIAN'S NA	ME (TY OR	PRINT)			22e. ADDRESS		44 54			237
	- 44	Revn	aldo	Oriuela	-Gomez. N	1. D.	7620 York	Road, Towso	n. MD	21204		
l	23a. B	URIAL, CREMATION, R		23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	734 LOCATION			STATE	E
	B	urial		2-7-19	979 Wes	sley	Chapel Cem.	Monkton,	Bal	to., Mo		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

New

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

W Freedom, Pa.

AND WARREST TO BE STRANGED FOR THE THE PROPERTY OF THE PROPERT

24 FUNERAL DIRECTOR SOL LEVINSON & BRUS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

FOR

1 - STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02938

DAYS

UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

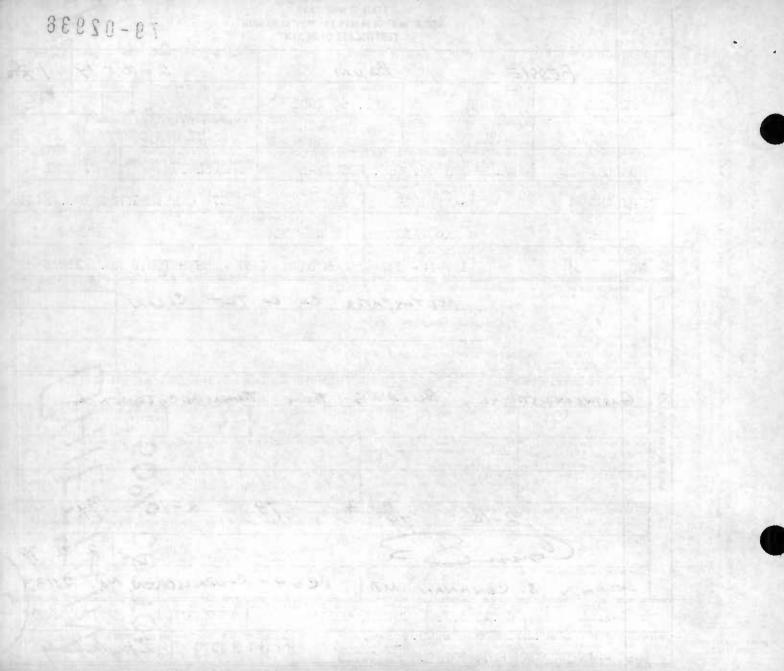
22c. DATE SIGNED

ristra Malredo

STATE

2b. HOUR

HOURS



FOR

- STATE

(VRA 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21201

PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

13-05340 THE VICTOR

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E.o. with temple			more labor.
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en de la constante de la const	erand Tichap		
Hattina	ive hert milwe	t or not	
		of le to	ort, tie
		otile allitus	ort, ir
Jamesy 1979	0:0	* Actions !	X-100.
97/8/1	xaba ee	ED 162 1 1 1	
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		of the same of the same	ene s barrious

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02942

	ECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH		AY YEAR	26. HOUR 4:45P
	Geo	orge Gordon BE	RGER S_n .		February	5, 19	19	4.40P
3. SE	EX	4. RACE	5 DATE OF BIRTH	1	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
	Male	White	April 7	. 1910°	68	YRS.	ONTHS DAYS	HOURS MI
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	51150 11100 11	BALTIMORE CITY	R COUNTY		
/10	Maruland	11.S.A.	WIDOWED T	DIVORCED	Baltimo	re Cou	inty	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHE	ER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
6	Baltimore /	Franklin Squar	11	1	STOCK (F WORKING LIFE	HOUSTRY	rs (o.
USU	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)				1 11	
A.	Maryland 136 COL	Baltimo		\/	2574 Marbo	unno 4	Ina Ral	to 12
	FATHER'S NAME	Luxuno		OTHER'S MAIDEN NAM		wore 7	ive. Du	word.
	A-L A	MIDDLE LAST		FIRST C1:	MIDDLE		D-11.	T
160 \	WAS DECEASED EVER IN U.S. A	Went Denge		Elizabet	ADDR	SS	retty	_
	(YES, NO OR UNKNOWN) (IF YES, G	(VE WAR OR DATES) 212-09-		George G.L	Bannan Sa	Cama	us abov	0
	No			4	reinjeit, sit.	Jame a		
	PART I DEATH WAS CAUS	only one cause per line for (a), (b), of Cardio-r	espirator	v arrest			BETWEEN	MATE INTERVAL ONSET AND DEA
	IMMEDIA	ATE CAUSE (a)						
	1336	DUE TO, OR AS A CONSEQU	UENCE OF					
		D 1 1711						
	Canditions, if any, which	(b) Debilita	ting dise	ase (cancer	of right	colon)	1	
	gave rise to immediate			ase (cancer	of right	colon))	
		(b) Debilita Due to, or as a conseo		ase (cancer	of right	colon)		
	gave rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF					
NO	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT		UENCE OF					o)
ATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	UENCE OF	ELATED TO THE TERMIN	nal Disease or Con	DITION GIVE	EN IN PART 110	
FICATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	UENCE OF	ELATED TO THE TERMIN	NAL DISEASE OR CON	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH?
ERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOUS CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE	DEATH BUT NOT RE	ELATED TO THE TERMIN	NAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY	, WERE FINDING CAUSES	IGS USED
CERTIFICAT	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	DEATH BUT NOT RE	ELATED TO THE TERMIN	NAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY	, WERE FINDING CAUSES	GS USED OF DEATH?
CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETERS.	DUE TO, OR AS A CONSEO	DEATH BUT NOT RETAILED TO THE PERSON WAS DAY YEAR 19	ELATED TO THE TERMIN PERFORMED OW INJURY OCCURRE	NAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY	, WERE FINDING CAUSES	GS USED OF DEATH?
CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEO	DEATH BUT NOT RECEIVED BY YEAR 19 211. LC	ELATED TO THE TERMIN	NAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETERS. AUGUST OF COURSE OF DIETERS. AUGUST OF CONTRIBUTING CAUSE OF DIETERS. NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEO	DEATH BUT NOT RECEIVED BY YEAR 19 211. LC	PERFORMED OW INJURY OCCURRE	20a AUTOPSY? YES NO CENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
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79-02943 BERKMAN ANNA 38 16 11 7 P101 4 5 B.M

2		- 1				STATE OF MARYLAND		
3/			1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		02944
			1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 28. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
9	poge 3			ORPRINT) ELIZA BL	ETH Y. BETI	YOULLE	FEB 281	979 M
moy	pod e		3. SE		4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 MRS
ge 4	2 2			5	IN	8/13/95 YEAR	83 YRS.	ONTHS DAYS HOURS MIN.
2	2 ho	9.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deot	2 5 6	55		MD.	USA	WIDOWED DIVORCED	BALTO. C	CUNTY MD.
fter	wified	4.4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
201	n by the filed	00	W	HITE MARSH		VELAUH RO	14SWE	
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BALTIMORE,	0 % 0					11307-1	LINCOREL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Z ST	01 0 5		mi	IMMEDIA	(IE CHOSE (O)			
PRESTON	tendin e corb on, or			Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF RT. PLEURA	L EFFUSION	3 w/c
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W.	by the ose rem			underlying couse lost	DUE TO, OR AS A CONSEOU		IMPULCA OF VA	ter 10 mots
20	ple		-51	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
RDS	Then r to b		0 N					
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physicion.	rmit.		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
ALR The I	te hos nsit pe rgiene shows	de	RTIF		TO THE STREET OF THE STREET		YES NOW YES	NO
F VIT	S O T W	(3)		21g. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
NO N	riol		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
PHY Pendi	the bu		MED	21d, INJURY OCCURRED WHILE IN NOT WHILE IT	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	After 1 e os the ofth one		ľ	AT WORK AT WORK				
END	OR: or use f Hea			sow the deceased alive a	n	- 9	death occurred on the date and hour	9, that (I) (we) lost
A	DIRECT boched for Dept. o			obove, (1) (we) (did) (did n	at) view the body after death.	DEGREE		12c DATE SIGNED
the Or	. = 0			(3)	- Em	2 Ma. D ATTENDING	MEDICAL STAFF	
PITA	FUNERAL old be deter the Stote			22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN	DIRECTOR PHYSICIAN D	ROAD
HOS	TO FUNERAL should be de- with the Stote	1		BA YIN	DUNG	405 316	ALE MO	1221
TO	Sho of M		23o. F	URIAL, CREMATION, REMOVA	L 23b. DATE 2 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BF			(BURIAL	3/3/3/29 P	AK LAWN	BAITO.	MD. STATE
	16 50M 7/77		24 FI	INERAL DIRECTOR	ADDRESS	25e. DA	TE REC'D. BY REGISTRAR 256. RESISTR	
	A 15 (4))		J.	G. CONNE		MACE	HK 0 19/9 100	- Characteristic

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ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 house death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be partitled

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12945

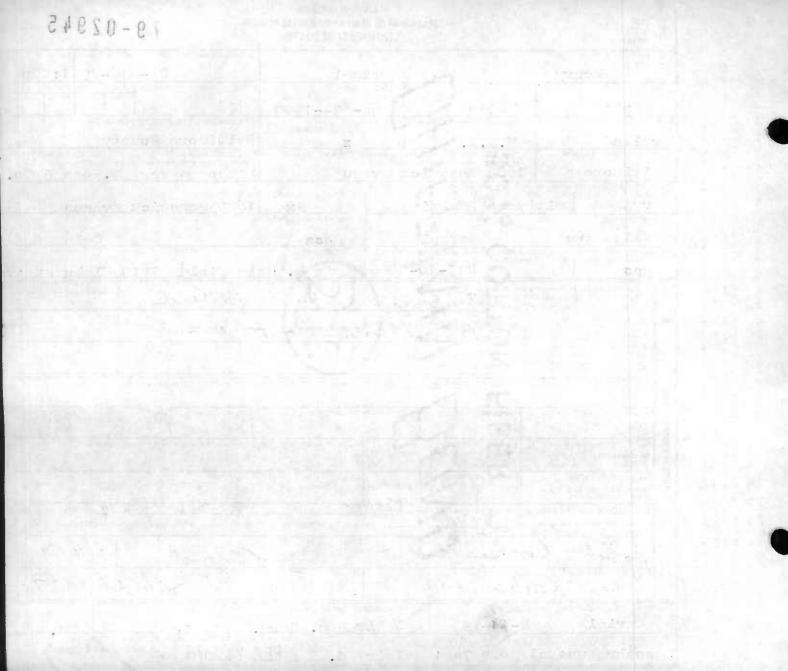
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	13	- 0 2 3	. 0		
Ů,		CEASED NAME FIRST	WIDDLE	L	AST		-	DAY YEAR	26. HOUR		
	TYPE	or PRINT) Henry	Ret		zel	33.0	2 -	16-79	1:20pm		
	3. SEX		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
7		Male	White	MONTH	- 24-1900	78	YRS.	MONTHS DAYS	HOURS MIN,		
1	7a Bif	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	ZEN DE WHAT COUNTRY? 8			9 BALTIMORE CITY OR COUNTY OF DEATH				
6	CC	vland		WIDOWE	D NEVER MARRIED	Baltimore County			MD		
74		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	126. KIND C	126. KIND OF BUSINESS OR			
1.		1timore	(IF NOT IN SUCH FACILITY, GR		27110	(TYPE OF WORK FOR MOST OF WORKING LIFE)			A.Hoen & Co.		
		AL RESIDENCE (IF NURSING HOME OR			FILUE		HEI	P. LILO	on to co.		
79	13a. S	TATE 136 COUN	ITY 13c. CITY C		13d. INSIDE CITY LIMITS? YES NO 😥	130. STREET ADDRESS	wick	Aveni	10		
	14. FA	THER'S NAME		AST	15 MOTHER'S MAIDEN NA	ME		i.a.	ST		
2/		Valentine	Betz	_	Rosa	MIDDLE		Co.			
1	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS				
И	(Y	'ES, NO OR UNKNOWN] (#FYES, GIVE	WAR OR DATES) 215-	10-3006	Marie K. He	inefield	701	13 E1ml	nurst Av		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (a)	Confesti	ve heart	forter	2	BETWEEN	MATE INTERVAL ONSET AND DEATH		
	Conditions, if ony, which (b) AV KNI BELLEVOTIC beaut cless.										
	gave rise to immediate cause (a), stating the Underlying cause last.										
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							a)		
and a	ATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		N WAS PERFORMED			ES, WERE FINDINGS USED			
7	FIC					YES INOI			IN CERTIFYING CAUSES OF DEATH?		
9	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICUID A AA AAONI	TH DAY YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18,	PART 1 OR PART 2)			
-	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY	1	211 LOCATION	CITY OR TOW	VN.	COUNTY	STATE		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC.)	SIREEI	CHI OK TO		COUNTY	SIAIC		
		220.1 certify that (I) (this haspital) attended the deceased from 1/9/78 , 19 , to 19/9 , that (I) (we)									
		saw the deceased alive an									
		abave, (I) (we) (did) (did no	t) view the bady after deat		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN [22c. DATE 2//	SIGNED .		
-	1	224 PHYSICIAN'S NAME (TYPE	R PRINT)		22e. ADDRESS O	0 0	4	1.			
1		KONFAT RO	KONERT Konbenef LID. 285 Kilge Ld. Kalto. Rd. 2/23								
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	L	Burial	2-21-79	Bel Ai	r Mem. Gard				Md		
	24. FI	UNERAL DIRECTOR	40	DRECC	25a. DAT	E REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNA	THRE		

DHMH - 16 25M

BP

(VR A 15 (4)) 9/74

Lassahn Funeral Home 7401 Belair Rd.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02946

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE REG. NO.	9 -	029	1 0
		CEASED NAME FIRST		MIDOLE	L	AST	20 DATE OF DEATH MG	HINC	DAY YEAR	26 HOUR
	(TYPE	E OR PRINT) Will:	iam O	tto	Bew	ersdorf	February	4, 1	979	9:40
	3. SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Wh:	ite	Aug.	22, 1894 YEAR	84	YRS	MONTHS DAYS	HOURS MIN
7 -	70 BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
5		Maryland	US	_	WIDOWE	DIVORCED	Baltimore			
00		Catonsville	5 Del:	rey Avenue	ADDRESS)	DR OTHER INSTITUTION 21 228	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Telephone II	VORKING LIFE	E) INDUSTRY	one Co.
25	73a. S		LE OR OTHER INSTITUTION DUNTY Limore	13c. CITY OR TOW Catonsv	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 5 Delrey	Avent	1e 2	1228
30	14 FA	ATHER'S NAME FIRST Ernest	WIDOLE	Bewersdori	f	15 MOTHER'S MAIDEN NAME FIRST Dorothe	MIDDLE		Unk	nown
,	16a V	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	S		
1	(,	No	one was on oales,	212-03-6	933	Mrs. Marie F	. Bewersdorf	Sa	ame as	# 13
_ 1		1000	DOL 10, C	R AS A CONSEQUE	NCE OF	· 13 00 750 7	200000000000000000000000000000000000000			
	ATION	Conditions, if dny, which gove rise to immediate cause to stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(b)	PRAS A CONSEQUE	ENCE OF	REPEATE I CUE NOTED: SOURS NOT RELATED TO THE TERM	- MADE	A TION GIV		
7	TIFICATION	gove rise to immediate cause to stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b)	PRAS A CONSEQUE	ENCE OF	SOUSHER NOT RELATED TO THE TERM	MADE ALTOPSY?	TION GIV	EN IN PART 10 , WERE FIND# YING CAUSES	NGS USED
79	CAL CERTIFICATION	gove rise to immediate cause to stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, CO. NT CONDITIONS C. 196. COND. 196. COND. 106. TIME C. HOUR A.	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 210 HOW INJURY OCCURE	NAL DISEASE OR CONDIT	TION GIV 20b. IF YES IN CERTIF YES	EN IN PART 10 , WERE FINDITY YING CAUSES S	NGS USED OF DEATH?
79	MEDICAL CERTIFICATION	gove rise to immediate cause in stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, C (c) 19b. COND 19b. COND 19b. COND 19b. COND 10b. TIME (C) HOUR A HOUR A P 21b. PLACE	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	DEATH BUT OPERATIO AY YEAR 19	SOSAFF NOT RELATED TO THE TERM IN WAS PERFORMED	NAL DISEASE OR CONDIT	TION GIV 20b. IF YES IN CERTIF YES	EN IN PART 10 , WERE FINDITY YING CAUSES S	NGS USED OF DEATH?
79		gove rise to immediate cause in stating that underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMI) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OF THE OBOVE, (I) WE (did) (did 22b). SIGNATURE	DUE TO, CO. TO CONDITIONS CO. 196. COND. 196. COND.	OR AS A CONSEQUE ONTRIBUTING TO D	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t HOW INJURY OCCURE 21t LOCATION STREET And that in (my) (And Popinion of Physician Physic	NAL DISEASE OR CONDITION 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAFF	20b. IF YES IN CERTIF YE IN ITEM 18, P	WERE FIND IN YING CAUSES 5 COUNTY	NGS USED OF DEATH? NO STATE
79		gove rise to immediate cause in stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMI) 21d. INJURY OCCURRED WHILE AIWORK AIWORK AIWORK ODOWN, (I) LAWORK 120. I certify that (I) (this he saw the deceased alive obove, (I) LAWORK 120. SIGNATURE 22d. PHYSICIAN'S NAME (TY	DUE TO, C (c) NT CONDITIONS C 196 COND 196 COND 198	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIB	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION STREET 217 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS	NAL DISEASE OR CONDITION 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN TO AUTOPSY? WED (ENTER NATURE OF INJURY) CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES IN CERTIF YE IN ITEM 18, P	WERE FIND IN PART 10. WERE FIND IN YING CAUSES S CART 1 OR PART 2) COUNTY 19	NGS USED OF DEATH? NO STATE that (I) (II) loss couses stated SIGNED
79	MEDICAL	gove rise to immediate cause in a stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AUSTRALIAN OF COURRED AT WORK AT	DUE TO, C (c) NT CONDITIONS C 19b. CONE 19b. CONE 19b. CONE 10 DEATH HOUR A NER! 21b. PLACE (AT HOME, S1 on PE OR PRINT) PE OR PRINT) 21t. PLACE (AT HOME, S1 ATTENDATION OF THE BOOK PE OR PRINT) A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A PROPERTY OF THE BOOK A 1 TIME OR A A 1 TIM	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIB	OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t HOW INJURY OCCURE 21t LOCATION STREET ATTENDING PHYSICIAN STREET 22t ADDRESS 1801 Frederi	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN A DEDICAL STAFF DIRECTOR PHYSICIA CK Rd. Cate	20b. IF YES IN CERTIF YE IN ITEM 18, P	WERE FIND IN PART 10. WERE FIND IN YING CAUSES S CART 1 OR PART 2) COUNTY 19	NGS USED OF DEATH? NO STATE that (I) (II) lost couses stated SIGNED
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DHMH - 16 60M 1/75 (VR A 15 (4))

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Police Sumeral Money Cathornville, incoming at 200 1 3

STATE OF MARYLAND

CERTIFICATE OF DEATH

79-02947

7h HOUR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO MONTH 19 IF UNDER I YEAR IF UNDER 24 HRS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore County 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Own Home Lutherville Grandberg Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH luncutes

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Balto. Md.

COUNTY STATE

DHMH-16 20M (VRA 15, 4) 7/78

FOR

REGISTRAR

- STATE

Henry

Indiana

STATE

Balto. 21212 York Road Md.

signed by the attending physician and campletely filled in by the funeral di nen please remove carbanpapers. Pages 1 and 2 shauld be filled within 72 hai

injury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR 1 - STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	0-02948
	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	· ·	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Alex	Langley	, Bi	scoe	2 6	20 79 A M
	3. SEX	4. RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	Male	White	Apr		75 years YRS.	
5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
	Maryland Maryland	U.S.A.	WIDOWE		Baltimore Count	
0	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR FE) INDUSTRY
	Arbutus	1157 Circl		21229	Farmer	Self
4	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COUI Md. Balt	PROTHER INSTITUTION, GIVE RESIDENCE NOTY 13c. CITY O Limore Arbu	RTOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1157 Circle Dr	21229
	14 FATHER'S NAME	MIDDLE LA		15 MOTHER'S MAIDEN NAM	AE .	
Z	William	L. Bisc		Mollie	WIDDLE	Biscoe
1	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS Wes	tminster 21157
	NO NO		32-9827	Mr. George A	. Sanner, 2016 F	rizzelburg Rd.
	18 CAUSE OF DEATH (Enter or	nly one couse per line f	(b), and (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
í	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	recen	dura // fu	WK	
	1629	DUE TO, OR AS A CON	ISEQUENCE OF	Strat	13 tases	6 mis
	Conditions, if any, which	(b)		ncero	Us pases	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEOUENCE OF			
1	underlying cause last.	(c)				
1		CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
	I 19a DATE OF OPERATION		WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	
0.1		I IAB' COUDILION LOK			ZUO AUTOPST ZUD. IF TES	S, WERE FINDINGS USED
4	OF IND DATE OF OPERATION	196. CONDITION FOR	MICHOLKANO	N WAS PERFORMED	IN CERTIF	FYING CAUSES OF DEATH?
/	210. ACCIDENT WAS UNDERLYING	27b. TIME OF INJURY			IN CERTIF	FYING CAUSES OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	27b. TIME OF INJURY HOUR A.M. MONT	H DAY TEAR		YES NO IN CERTIF	FYING CAUSES OF DEATH?
/		775. TIME OF INJURY HOUR A.M. MONT) P.A.	H DAY TEAR	21c. HOW INJURY OCCURR	YES NO IN CERTIF	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	27b. TIME OF INJURY HOUR A.M. MONT	H DAY TEAR	21t. HOW INJURY OCCURR	YES NO IN CERTIF	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	77b. TIME OF INJURY HOUR A.M. MONT P.A. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	H DAY TEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR	YES NO IN CERTIF	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosp	216. TIME OF INJURY HOUR A.M. MONT P.A.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	H DAY TEAR 19 OFFICE, FARM, ETC.)	211. LOCATION STREET	YES NO IN CERTIF	COUNTY STATE
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	OR CONTRIBUTING CAPE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hasp saw the deceased alive on above, (I) (Company) (did not 22b. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONT P.AA 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, bitol) offended the deceased	H DAY TEAR 19 OFFICE, FARM, ETC.) from	211. LOCATION STREET 211 LOCATION STREET 19 and that in (my) (a) opinion of DEGREE ATTENDING PHYSICIAN	YES NO IN CERTIF YES NO INJURY IN ITEM 18, F	COUNTY STATE 19 4, that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive on obove, (1) (***) (did no	216. TIME OF INJURY HOUR A.M. MONT P.AA 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, bitol) offended the deceased	H DAY TEAR 19 OFFICE, FARM, ETC.) from	211. LOCATION STREET 211 to Cation STREET 19 and that in (my) (a) apinion delegree	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18, F CITY OF TOWN To MEDICAL STAFF	COUNTY STATE 19 4, that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
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	OR CONTRIBUTING CAPSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER, 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp saw the deceased alive on obove, (1) (Condition) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PASS 23d BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	21b. TIME OF INJURY HOUR A.M. MONT P.AA 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, ital) of the body of the deceased of view the body of the deceased or PRINT) 1 23b. DATE 2/23/79	H DAY TEAR 19 OFFICE, FARM, ETC.) from 8 19	211. LOCATION STREET 211. LOCATION STREET 19 ad that in (my) (a) opinion d DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 4001 Wilken EMETERY OR CREMATORY TO Cemetery	PED (ENTERNATURE OF INJURY IN ITEM 18, F CITY OF YOWN AMEDICAL STAFF DIRECTOR PHYSICIAN S Avenue 23d. LOCATION CITY OR TOWN Baltimore Coun	COUNTY STATE 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 35tate
	OR CONTRIBUTING CAPSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER, 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp saw the deceased alive on obove, (1) (Code of the code) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF Dr. Pass 23a BURIAL, CREMATION, REMOVAL (SPECIFY)	216. TIME OF INJURY HOUR A.M. MONT P.A.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, into 1) of the body after death. DR PRINT) 1 23b. DATE 2/23/79 Bank	H DAY TEAR 19 OFFICE, FARM, ETC.) from \$ / 19, or 23c. NAME OF C Woodlaw Eto., Md	211. LOCATION STREET 211. LOCATION STREET 212. 19 ad that in (my) (a) apinion of physician 212. ADDRESS 4001 Wilken EMETERY OR CREMATORY on Cemetery 21229 250. Date	PED (ENTERNATURE OF INJURY IN ITEM 18. F CHIT OF FOWN AMEDICAL STAFF DIRECTOR PHYSICIAN S Avenue 23d. LOCATION CHYOR TOWN Baltimore Coun	COUNTY STATE 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 22c. DATE-SIGNED 35tate

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STATE OF MARYLAND

	1-	Items # FOR STATE REGISTRAR	#18-22a Fil	DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL H MINER'S CERTIFICATE O		No 7 9 - 0 2 9 5 0	
	I. DE	CEASED NAM E OR PRINT)	E FIRST	Ne11	Blakley	2a. DATE KNOWN OF ESTI-		οU
	3. SEX	emale	4. RACE 5. C		GE (IN YEARS IF UNDER 1 YR. IF UNDER STEIRTHDAY) MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 243H	04 P
NECESSA FUNERAL 5 FOR W. WITHIN W. PREST	7	RTHPLACE (S REIGN COUNTRY) EWN.		CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRI WIDOWED DIVORCE	IED 🔲 [ore County,	M
A A S E E E E E E E E E E E E E E E E E	1	Essex		16A, Westway N		120. USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINES.	5
RETAIN DHOULD	13a. S	TATE	136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET ADDRESS	vCt.	
RA PM 3.	(1	THER'S NAME	eward "	DDLE LAST	15 MOTHER'S MAIDE	MIDDLE	Hastings	
URS AFTER WITH FOR WITH FOR DIVISION	16a. V	O UNKNO		OR DATES) 408.3.	2:4708 Donna	ah 10605 V	incentra.	
~ ~ 		PART I DE	F DEATH (Enter only or EATH WAS CAUSED BY IMMEDIATE C.	AUSE (a) Hyper cells	sive cardiovascular	disease	APPROXIMATE INTERV. BETWEEN ONSET AND DE	AL
UTED WITHIN 2 N PENCIL IN IT EXAMINER ALC RAL-TRANSIT PR MENTAL HYGI OR REMOVAL.		gave ri	ns, if any, which se to immediate	DUE TO, OR AS A CONSEQU		Ų turi ili		
XECUTED GENERAL BENERAL BURIAL-TE	W	lying cau		DUE TO, OR AS A CONSEQU				
MATICA A	NOIL	Hem	orrh ge f	rom scalp lace		(T 1 (a)).		
SHOULD ORD "PE" CHIEF BE USED IT OF HE.	RTIFICA		OPERATION		H OPERATION WAS PERFORMED?		20. AUTOPSY? YES █ NO	
CERTIFICATE SHO TING THE WORD DED TO THE CHI 3 SHOULD BE UI DEPARTMENT OF PRIOR TO BURIAL,	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	AL CAUSE WAS OR NG (A) CAUSE OF DEAT		YEAR 19 79 Apparently for	D (ENTER NATURE OF INJURY IN ITEM		
E, WRITING RWARDED TO PAGE 3 SHO STATE DEPA	MED	21d. INJURY C WHILE AT WORK	NOT WHILE DE	11e. PLACE OF INJURY (AT I STREET, FACTORY, FARM, ETC.) home	21f. LOCATION STREET 16A Westway	y N.	Baltimore Co. M	ATE
MINER: TELCATE, BE FOR CTOR: PH THE STAND, 21		22s. I certi death result		the remains described above, he auses ; Accident ,	Id an Autopsy X, Inspection	n , Inquiry ,	and in my apinian	
AL EXAL HE CERT HOULD AL DIRE TH, WITH, WITH		ACTUAL SIGNATURE.	Δ	MAN	M.D. Assitant	MEDICAL EXAMINER	DATE SIGNED 2/8/79	
TO MEDICAL EXAMINER: THIS CENTERCATE, WRITH PAGE A SHOULD BE FORWARDE TO FUNERAL DIRECTOR: AAGE AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21291 PR	rd .	EXAMINER'S (TYPE OR PRI		M. Dixon, M.D.	ADDRESS		nn Street	
Bb	1	uria	TION, REMOVAL 236. E	12.79 (12.79)	Tlank Henry.	23d, LOCATION CITY OR TOWN	sandourn Ustate	
DHMH - 17 (VR A15 ME (5)) 30M 7/73	Ko	NAME NAME VUON	dl. Hoczore	00251 2525)	1 1 // //	B 21 1979	istry Milredy	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a DATE OF DEATH MONTH W. BOEHLKE (TYPE OR PRINTI 3:30 AM CAARGES 20 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH 1905 Mace 27 In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY CONNTL U.S.A BACTIMORE CH10 WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ROCTI MORE INDUSTRY SUPERVISOR HEROSPACE MFG. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 186. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS MARGUAND BETAIR RO. ENTO. M. 21201 YES NO T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ALUCTA MIDDLE STEINBERG P AUGUST BOEULKE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIEYES, GIVE WAR OR DATES! SANG AS PATIENT ROSE 130E ACKE 215-09-0244 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c
PART I. DEATH WAS CAUSED BY: CARDIORESPICATORY ARREST IMMEDIATE CAUSE (a) DUE TO, QR AS A CONSEQUENCE OF PROUMONING & SESSIBLE SEPTICONIAL LEPENTED ASPIRATION Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PUCHONARY CERTIFICATION a & AVA ATECC CIPSIS prior 19n DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED buriol-tronsit perri IN CERTIFYING CAUSES OF DEATH? NO YES T NO I sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 2/21/79 that (I) (we) last saw the deceased olive on , and that in (my) (aur) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death should be detached 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS EST. UILSON HOSP. MT. KILLSON MALLETN-VARGIES MUITA 0 % 23g. BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE BURJAL STATE PARKWOOD CEMETER 21234 BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 OCCRICH FUNERAL HOME, DATO. (VR A 15 (4))

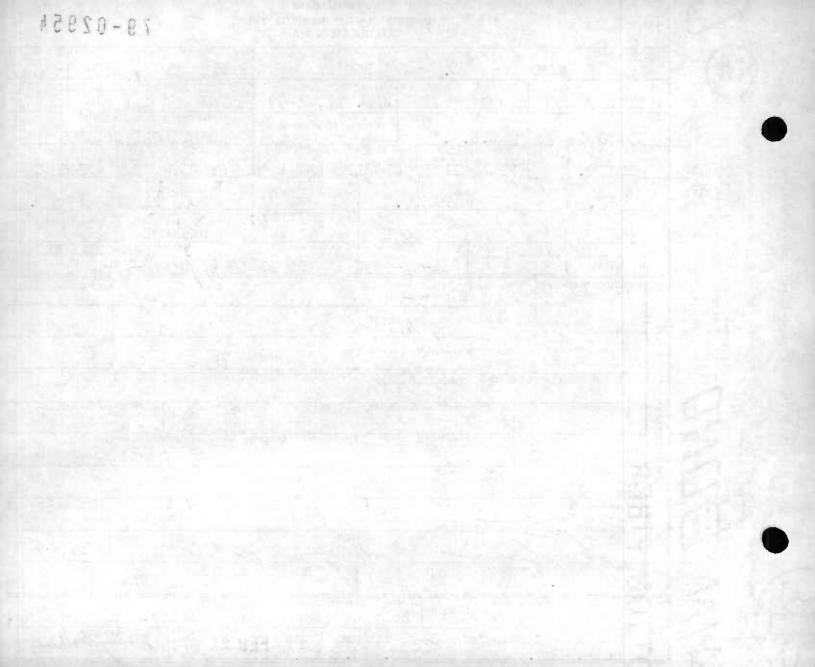
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NAT 9 - 0 2 9 5 2
	ECEASED NAME FRST MIDDLE RECASED NAME PRECIPENT) ARIO PETER RONA 20. DATE KNOWN & MONTH DAY YEAR 28. HOUR OF ESTI- DEATH OF ESTI- DEATH OF THE PETER DATE AND THE PRECIPENT OF THE PETER DATE AND THE PET
3. S Y	S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF BIRTH MONTH DAY YEAR S. DATE LAST RIFTHOAY) MONTHS DAYS MONTHS MONTHS DAYS MONTHS MONT
1	BRTHPLACE (STATE OR). CITIZEN OF WHAT COUNTRY? B. MARRIED S NEVER MARRIED P. BALTIMORE CHY OR COUNTY OF DEATH WIDOWED DIVORCED PALTIMORE CHY OR COUNTY OF DEATH WIDOWED DIVORCED MARRIED MARRIED MIDOWED MIDOW
1	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WHO IN THE PROPERTY OF BUSINESS OR INDUSTRY LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130.	STATE Mil Spunity Crownsville YES NO E 509 Severnview Drive
	Joseph Bona Is MOTHER'S MAIDEN NAME LOUISE MIDDLE MIDDLE MIDDLE MIDDLE LAST LOUISE M. Barone
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) YES, OR UNKNOWN) WW II 166. SOCIAL SECURITY NO. 216.18.7012 Wrs. Felicia A. Bona (Wife)
z	Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
MED	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE
	EXAMINER'S NAME JOHN C. Hyle ADDRESS 7527 Belon Bel 3/236 med
	Burial Feb. 7, 79 Maryland Veterans 234. LOCATION COUNTY Maryland Cheltenham County Maryland
	ingleton Funeral Home, Glen Burnie, Md. FR 5 1070 Riffy heliudy

79-02952 CARLLE BONK STER STANS THE SE SE IN & PLANT 3 3 B 10a Bull me Class 1 Dalle C. The half of the man was at the first off office of That providents have a see the copy of the parties of Joseph W. Bona M. Berna K. Barone Yes 1 WH II 216.18.7012 mg. Welicia A. Bona (Nice) After ordered Consider Dasc Unda District of the section of the secti JUNE OF THE STREET PROPERTY. Burial Feb.7,79 Maryland Voterans Justicohan Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 79-07953 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN IX ESTI-(TYPE OR PRINT) 16, 79 CALVIN CLAYTON BOONE DEATH MATED 3:55 AGE (IN YEARS IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS SEX 20 DATE LAST BIRTHDAY) PRONOUNCED 1619 DEAD male white July 22, 1925 53YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? Baltimore County Maryland ID CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 8205 Loch Raven Blvd. Towson Engineer Bebblehem S1 SHOULD 13e. STREET ADDRESS 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13b. COUNTY Baltimore 9205 Loch Raven Blvd Maryland Towson MITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME C MIDDLE S. J. AND Hittel Francis Boone Estelle Q 166. SOCIAL SECURITY NO 17. INFORMANT Ellicott Cityppresid. 21043 Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? 216-18-9017 Joseph Boone, 5437 Tilted Stone WW 2 ves 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR TIE PLACE OF INJURY (ATHOME 21f. LOCATION CITY OR TOWN COUNTY STATE STREET, FACTORY, FARM, ETC. NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Natural couses Undetermined manner TITLE (SPECIFY) 2-16-79 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn St. 230 BURIAL CREMATION REMOVAL 23b. DATE 23c Meadow Riage Cemetery Dorsey New Cathedral Com. Burial So. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1630 Edmondson, Ave., Catonsville, Md Liston Malres (VR A15 ME (5)) Witzke Funeral Home of Catonsville, P.A. 21228 15M 7/76

19-02853 - 1-. 602 - 314 - 10 21 - 111 - 12 - 12 - 13 - 13 De Livin C (. V.) Direction the second of t

STATE OF MARYLAND 79-12954 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR I. DECEASED NAME LIYPE OR PRINTS MARY BOOTH February 25 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY! 4 RACE 3 SEX AONTH5 DAYS HOURS JAN. 18. 1897 WHITF FEMALE. 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX U.S.A. BALTIMORE COUNTY VTRGTNTA WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEAMSTRESS PIKESVILLE CONVALESCENT SEWING BALTO. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS RIDGECROFT RD. BALTO. YES X 4003 MD. IL EATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST ANIDDIE MIDDLE BOOTH UNKNOWN HUGH ADDRESS SAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 214-16-5230 BROTHER-IN-LAW NO EDWARD RICKS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH .Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a AS A CONSPOUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 270.1 certify that (1) This haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive a w the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF * should be deto with the State IMPORTANT: I DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME ITYPE OF PRINT SINAI HOSPITAL STUART ROSS 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23h DATE Md. COUNTY (SPECIFY) urial Balto. Holy Redeemer 3331 Brehms Lane FEB 26 1979 Fifty Registrar's Signature 24 FUNERAL SCHIMUNEK Funeral DHMH - 16 60M 1/75 (VRA 15 (41) Balto. Md.2 121 Home. Inc



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02955 CERTIFICATE OF DEATH

REG. NO 26. HOUR IF UNDER LYEAR IF UNDER 24 HRS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County, 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self.

STATE

Maryland

246 Second Avenue

Rusk ADDRESS21227

YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

COUNTY

FOR

- STATE

ADDRESS Balto., Md. 21229 250. D. P. By REGISTRAR 256. REDISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 7/77 (VR A 15 (4))

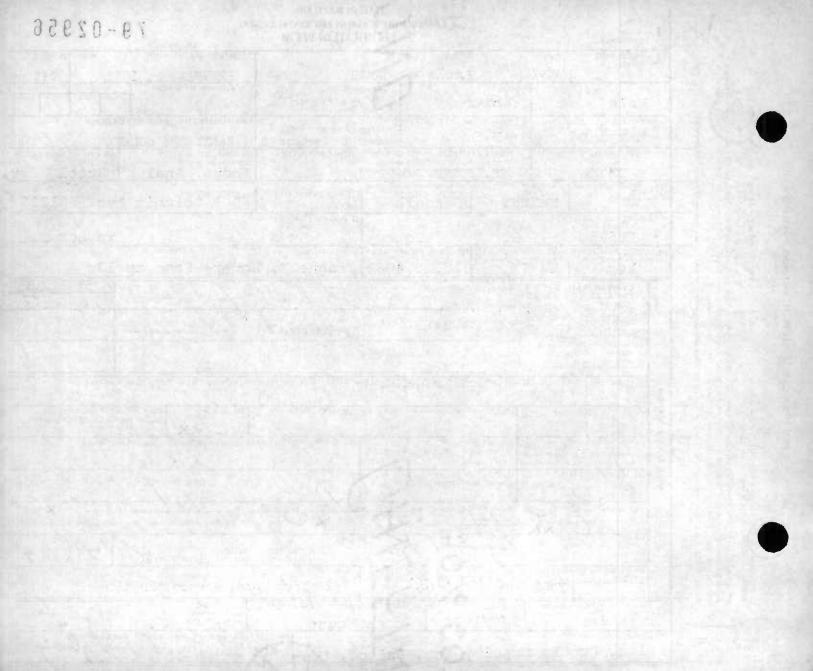
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	10	2956	
Æ		CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH		YEAR 26 HOUR	-
	(TYPE	OR PRINT) MELVI	N .	Jackson	BOW	ER	FEBRUARY	8. 1979	10:30a	M
	3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER	1 YEAR IF UNDER 24 HRS	S
		Male	Whit	е	3/	/13/1925 -	53	YRS.	DAYS HOURS MIN	
	70. BII	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY O		ATH	
55		Maryland	U.S		WIDOWE	D DIVORCED	BALTIMOR	E COUNTY	M	AD.
58	10. CI	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A JOSEPH HO	ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF THE STATE OF WORK FOR MOST OF THE STATE O	WORKING LIFE) INDU	teel Mfg	
3.5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY AND STATE 136 COUNTY A	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Dundal	ADMISSIONI K	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 6509 Deti	coit Ave	. 21222	
107	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	NIDDLE MIDDLE	S. (C.)	LAST	
150		Philip	Н.		wer	Lyda			ylor	
			MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE			
		Yes WW	II	216.20.	4083	Jeanne E. I	BowerSan			
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per	line for (o), (b), one	dic	2.1.	1.1.1	8E	APPROXIMATE INTERVAL	
			TE CAUSE (a)			Bite and	7		3 mont &	_
		1579	DUE TO, O	R AS A CONSEQUE	NCE OF	Donnerst	Caran	ond		
		Conditions, if any, which gove rise to immediate	(b)			Fur outil	Caran			_
		couse (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONF	DITION GIVEN IN P	ART I/o	=
	Z	TAKE OTTEK SIGNATERATE	onomono <u>es</u>	3. VIKIBOTINO 10 E	227111	NOT KEEPIED TO THE TERM	THE DISEASE ON COME	SWIGHT GIVER WATER	AKT 110	
ant	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?	_
d	TIF	III SEAN WELL					YES NO	YES [NO [
9	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME C HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	ART 2)	
	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	2 1/2	211. LOCATION STREET	CITY OR TOW	/N COUN	NTY STATE	
	W	WHILE ONOT WHILE O	(AT HOME, STI	REET, FACTORY, OFFICE, F.	ARM, ETC.]	STREET	CITY OR TON	/	STATE	
		22a I certify that M (thi hasp			- 23	11/22 19 78	, to	19_7	, that K (we) to	ist
		sow the deceased alive on abave. N (ye) Idid) (and in	view the body	after death.	7 7 . or	nd that in () (aur) opinion of	leath occurred on the do	ote and hour and fro	am the couses stated	
		22b. SIGNATURE	How	- /	in	DEGREE	MEDICAL STAF		DATE SIGNED	
			11/	1	, or	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		2/8/19	
1		22d PHYSICIAN'S NAME (TYPE O Hyung		im, M.D.		7620 York Ro	oad, Towson	, MD 2120	4	
2		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	Ci	remation	2/9/1	.979 G	reen	Mount	Baltimo		Md.	
		UNERAL DIRECTOR	D 7.7	ADDRESS			REC'D. BY REGISTRAR		HC Cready	
	We	alter Brooks	Bradle	y Inc,	Balto	o., Md.	0 0 13/3	/		

BP. DHMH - 16 50M 7/77 (VR A I 5 (4))



(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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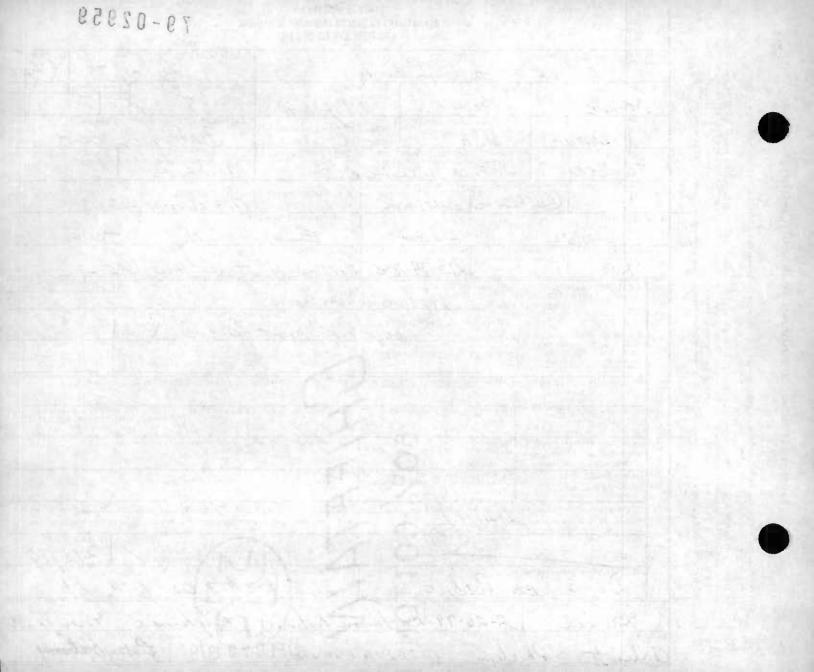
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79-02959 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) IZA 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 4. RAGE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAYS HOURS EGRDID 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH-ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COLINTRY DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MOTHIN SUCH FACILITY, GIVE STREET ADDRESS 40USEWIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDECITY LIMITS? 13a STATE 13e, STREET ADDRESS 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME C MIDDLE and ONES ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M i e Mer 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK (tobow) 22a. I certify that (1) (this hospital) attended the deceased from_ 2/21 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF + be deto e State l DIRECTOR PHYSICIAN 22e ADDRESS 226. PHYSICIAN'S NAME (TYPE OR PRINT) IMPORT/ ld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Pactural marefor BP. more BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15(4)) 1721-27N.Monus

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by this should be detached for use as the build-transit permit. Then please remove corban papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02960

10		REGISTRAR			CERTIFI	CATE OF D	EATH	REG. NO	13-	0230	
7.4		CEASED NAME FIRST	MI	DDLE	L/	ST				DAY YEAR	2b. HOUR
3//	(TYPE	ORPRINT) (RA	E	Η.	BRI	AN51	FIELD	ALL VIEW BOOK	2 -	16-79	28.
90	3. SE)	0 /	4 RACE	.1 •	5. DATE O			6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNGER I YEAR	IF UNDER 24 HRS
2.1	J. JE.	Female		nite	MONTH	DAY	YEAR	02		MONTHS DAYS	HOURS MIN
	7. 01	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF W		9	_ \	13	9 BALTIMORE CITY O	YRS.	V OF DEATH	
51	CC CC	DUNTRY)	76. CITIZEN OF W	A COUNTRY:	MARRIED	NEVER !	MARRIED -	BALTIMORECITIO			
24	C	HICHGO MEL	0.2	7)	WIDOWE		VORCED	ACF			ounty MD.
91	10. C1	TY OR TOWN OF DEATH		DSPITAL, NURSIN FACILITY, GIVE STREET.		R OTHER INS	IIIUIION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O			F BUSINESS OR
10	10	MORL	MULTI	MEDICA		nter		XXXXXXXX	XACC	t Edu	cation
11	USUA 13a S	TATE 13b, COUR		IVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS			
2/	E		OK I	GVAN TO		YES D.	NO 🗌	2527 CATU	0.500		
110	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER"	MAIDEN NAM	NE MIDDLE	1000	- LAS	
41		JACOB	WIDDLE	FEIFFL	-	TERR	- CA	WIDOLE		RAUG	K
de		AS DECEASED EVER IN U.S. AR	MED FORCES?	318.26.	RITY NO.	17 INFORMA	NT	ADDRE	SS		BALIE
3	(1	ES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	318.26.	7440	16 R.	MASSON	0 112	THE	BRIDGE	21217
Second .		(00		7102					10.0		MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per li DBY	0			-			BETWEEN	ONSET AND DEATH
201		III A G IMMEDIA	re CAUSE (0)	RESPU	LATOR	N AR	16-1				
		1627	DUE TO, OR	AS A CONSEQUE			200			27	20.
		Conditions, if any, which	(16)	CARCII	NOW	4 01	THE LL	12/6-		-) [NC
		couse tol, stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF						AD
		underlying couse last.	(tc)	15 F	LEUZ	ALE	FF12,50	N		27	10
		PART 2 OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	a1
20	ō	12 Trease	e effe	1stole							
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN	
/	TIF		HEALTH					YES A NO		ES 🗌	NO 🗓
5	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY DA	AV VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)	
June	AL	OR CONTRIBUTING CAUSE OF DE	NIG.		19	LL et					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	FINJURY		211. LOCATION	NC	CITY OR TOV	VAL	COUNTY	STATE
	2	WHILE NOT WHILE D	(AT HOME, STREE	ET, FACTORY, OFFICE, F	ARM, ETC.)	SIREET		CITORIO	414	COUNT	SIAIC
		22a I certify that (I) (this hosp	tal) attended the	deceased from	11-	ci	19 79	. 10 2 -	160	19 19	that (I) (we) last
270	-20	saw the deceased alive or above. (I) (we) (did) (did no			7/4 , or	d that in (my)	(our) opinion d	leath occurred on the d	ote and ho		
		22b. SIGNATURE	t view the body o	tter death.		DEGREE				22c DATE	SIGNED
		900 J T	201				ATTENDING	MEDICAL STA		0.1	1.26
		226 PHYSICIAN'S NAME (TYPE O	STO DEN		M	22e. ADDRES	PHYSICIAN [DIRECTOR PHYSIC	IAN []	17.1	Ca 11
		220. PHI SICIAN S NAME (TYPE	M PRINT)	-		ZZE. ADDRES		1.00= 0	Λ	, , , , ~	
-		G. Koher	1.14	30N		115	らってなる	(IUC)	DACI	I ANO KE	21212
	23o. 8	JURIAL, CREMATION, REMOVAL				EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
	0	REMATION	272073	1979	reen	Moun		BALTO			MO
	24 FI	INERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNAT	URE
	W	alter Brooks	Bradle	y Inc.,	Bal	to., :	Malteb	23 19/9		/	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

79-02960 81.A.B may be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02061

	95	STATE REGISTRAR					CERTIFICATE OF DEATH			19	- 023	0 1	
1		CEASED NAME	FIRST	. ,	WIDDLE	t.	AST			HTMON	DAY YEAR	26 HOL	JR D
			osepl	h	E-11	E	rashear	5	Februar	y 2.	1979	6:1	+5 M
	3 SEX			4 RACE	G15/4-1	5. DATE C	DAY Y	FAR	6. AGE (IN YEARS LAST BIRTI	IDAY)	MONTHS DAYS	IF UNDER	AIN
		Male		Whit		Apri	1 26, 190		69	YRS.			
1		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF		MARRIEI	NEVER MARR	9. BALTIMORE CITY O	COUNT	Y OF DEATH			
9		Maryland		U.S.A		WIDOWE	- many		Baltimor		unty		MD.
1	10 C1	TY OR TOWN OF DEA	TH.	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS]	OR OTHER INSTITUTI	ON	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING L			ESS OR
2)	Dein	Towson		st.		oh Hosp	ital		Retired Pa	inter	r Forema	n	
5	13a. S	AL RESIDENCE (IF NURS TATE Maryland	136 COUP	OTHER INSTITUTION,	13c CITY OR	TOWN imore	13d. INSIDE CITY LI		13e. STREET ADDRESS 6305 Euni	ce A	venue		
1	14. FA	THER'S NAME FIRST	TUI	WIDDLE	LAST	ı	15. MOTHER'S MAI	DEN NAM	MIDDLE		70 - 4 4AS	T	
6		ree			rashea		Susan			Jan.	Bulle	en	
	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES? E WAR OR DATES) WW 2		SECURITY NO.	17 INFORMANT		ADDRE				
-		yes		WW 2	219-1	8-2469	Mrs. Ma	ry J.	Brashears	630			
		18 CAUSE OF DEATH	H (Enter or	D DV							BETWEEN	MATE INTE	DEATH
	1.5	ARTICOLATION	IMMEDIA	TE CAUSE (0)	Acute	Hepati	tis						
		370-		DUE TO, O		SEOUENCE OF							
		Conditions, if any,		(b)_	Pulmor	nary Em	physema			1		-	
		couse (a), statin	g the	-		SEQUENCE OF					Mary 18		
				167	neumo								
i	z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONI	OITION GI	IVEN IN PART 1	31	
	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED)	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USE	D
2	IFIC/	THE DATE OF OTERA		178 00110					YES TO NOIX	IN CERT	IFYING CAUSES		TH?
7	ERT	21a. ACCIDENT WAS UND	ERLYING [7 21b. TIME C	F INJURY	7 7 7 7	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUR	1		NO [
1		OR CONTRIBUTING	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR							
	MEDICAL	(IF EITHER, NOTIEY MEDIC		21e. PLACE	M. OF INJURY	19	21f. LOCATION			-			
	ME	WHILE NOT WH	HILE	(AT HOME, STI	REET, FACTORY, O	OFFICE, EARM, ETC.]	STREET		CITY OR TOW	N	COUNTY	5	TATE
				ital) attended th	e deceased f	rom Jan	2519	79	to Reh	2nd	19 70	that (%)	we) lost
		220.1 certify that (1) sow the decease	ed olive on	Feb.	2nd,	19 79	nd that in (ax) (our)	opinion d	eath accurred on the do	te and ha	1 /	46.64	
	. 7	22b. SIGNATURE	did) (growns	view the body	after death.		DEGREE				22c. DATE	SIGNED	
		Bec	Tu	of.	Kh	non	M. DATTEN		MEDICAL STAF		Fill	.21	979
		22d. PHYSICIAN'S NA	AME (TYPE C	EPKINT)		//	22e ADDRESS	ICIAIT _	DIRECTOR TITLES	1741 - 122			
		Beati	ciz 1	P. Dizo	on, M.	.D.	7620	Yorl	k Rd. 21	204			
	23a E	BURIAL, CREMATION,	REMOVAL		2000		EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	-	TATE
		Burial		2-6-	1979	Park	wood	24 5 5	Baltimo			ryla	nd
	24. FU	UNERAL DIRECTOR	Duals	T (00	ADDRE	55 D D D	-24- 262		REC'D. BY REGISTRAR	25b. RESK	TRAR'S SIGNAT	URE	
	1 70	eomard J.	nuck,	TUC. 220) nari	ora ka.B	alto;Md.	FEE	5 2 19/9	pur	Lead Ing	reade	

BP. DHMH-16 50M 7/77 (VR A 15 (4))

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. Arealuare 6305 santos Ayant	A-CMS hara kergon	1-(18) 8 19	yes
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	emografiya vik	r	
	a tag	Port	
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	n. 7620 Yer		
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The same of the sa	eri de la	Harris SUE Harri	out I man

	1			STATE OF MARYLAND	
120	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	79-02962
3		REGISTRAR			REG. NO.
	I. D (TYI	ECEASED NAME FIRST FOR PRINT)	ER C.	BREHM	20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
offer d	3. S		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR O 9 1 91	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 64 HRS MIN MONTHS DAYS HOURS MIN
	70 1		76 CITIZEN OF WHAT COUNTRY	72 8	9 BALTIMORE CITY OR COUNTY OF DEATH
Jeath. In 72 h		COUNTRY) MId	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE Com M
by the furfilled with	10 (BALTIMONE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE BALTO -	ING HOME OR OTHER INSTITUTION ET ADDRESS) THE COMMENT OF THE COME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OF INDUSTRY FAR MER
4 hourst be	USU 13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 134. CITY OR TO.	WN 1 134 INSIDE CITY LIMITS?	13e STREET ADDRESS
thin 24	14 F	ATHER'S NAME	Westmi	15. MOTHER'S MAIDEN NA	OID MANCHESIER UND
and 2			BREAN	FIRST	JEISTER
Pages I		WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS
		710 770	DIE 317-36	-4988 OLYSSE// H	BREAM WESTMINSTER, M
th certificate be nating physicia corban papers , or removal.		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line far ra), (b), o BY: E CAUSE (a)	dist spiral	STY or e 6 SETWEN ONSET AND DEATH
e death ce attendin nave carb ation, ar traumatic	>	Canditians, if any, which gave rise to immediate	(b)	por the first	ox'lure
that the day the lease reminal, creminal, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	VENCE DE PROPERTO	evc.
equires n signe Then pl r to buri injury, o	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(a
i.N. The law r hysician. Icate has bee ransit permit. Hygiene pria	CERTIFICATION	19a, DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
PHYSICIAN: The ending physicia this certificate the burial-transit and Mental Hygie d or Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DING PHYS. or attending After this as as as the bur alth and Me marked ar It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOWN COUNTY STATE
NDIII NDIII NSE A Healt		22a Certify that (1) (this haspit	al) attended the deceased fram		, ta, 19, that (I) (we) las
ATTE sprite CTO d for 1. of 1		saw the deceased alive an abave, (1) (we) (did) (did pot) view the bady after death.		death accurred an the date and haur and fram the causes stated
TALOR A y the has RAL DIREC detached tote Dept. VT: If them		22b. SIGNATURE	o and In		MEDICAL STAFF 2-9-79
O HOSPITAL etoined by th TO FUNERAL should be det with the Stote MPORTANT:		22d PHYSICIAN'S NAME MYPE OR	Ster	220. ADDRESS 17 CLOS	Clay Park Rd - Reis
BP	23 a.	BURIAL CREMATION, REMOVAL	23b. DATE 236 2-12-79	NAME OF CEMETERY OF CREMATORY	23d. LOCATION COUNTY STATE WESTMINS IEN CARROLL MA
DHMH - 16 50M 7/77 (VR A 15 (4))	24.	Hobert K. Ja	itts Sr. M	estminily mel. 250. DA	TE REC'D BY RECISTRAR 256 REGISTRAR'S SIGNATURE

FOR

ofter death

director,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushould be detached for use as the build-litransit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical exam

may be

death certificate be executed within 24 haurs after

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician STATE OF MARYLAND

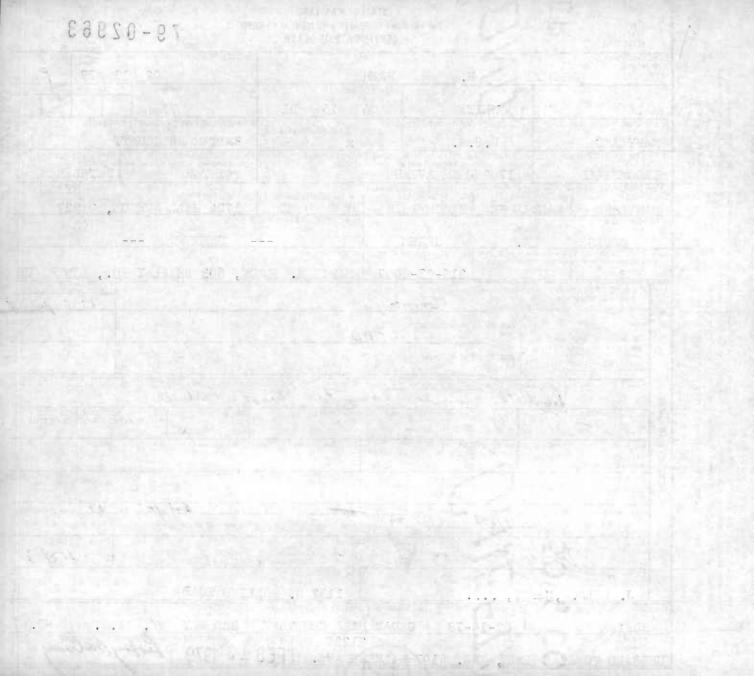
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02963

H	1	REGISTRAR				CERTIFICATE OF DEATH								
1		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH		DAY	YEAR	2b. HOUR	
	(1186)	OK PRINT)	HARL	AN	н.	BREH	IM		Company of	02	11	79	P.	м
,	3. SE X	(P	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST I	BIRTHDAY]		ER 1 YEAR	IF UNDER 24 I		
-	MALE			WHITE		04 15 01		77 YRS.				HOURS	MIN	
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76 CITIZEN OF WHAT COUNTRY?		8 MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH						
MARYLAND				U.S.A.		WIDOWED DIVORCED		BALTIMORE COUNTY					MD.	
	10. CF	TY OR TOWN OF D	EATH	11. NAME OF HOSPITAL, NURSING				ITUTION		TO USUAL OCCUPATION 126. KIND OF BUSINES				OR
2		BLOOMFIELD		1702 HALL AVEN				PAINTER						
2	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COUL				GIVE RESIDENCE BEFORE				13e STREET ADDRESS			STEEL		
	-	ARYLAND	BALT	IMORE	BLOOMFIE	ELD	YES 🗌	NO X	1702 HAI	LL AVE	NUE.	212	27	
2	14. FATHER'S NAME FIRST			MIDDLE LAST				S MAIDEN NAM FIRST	WE			LAST		
ď	GEORGE			Α.	BREHM				UNKNOWN					
	160 WAS DECEASED EVER IN U.S. AR JYES, NO OR UNKNOWN) (IF YES, GIV			MED FORCES? E WAR OR DATES)	RITY NO.	17. INFORMANT ADDRESS								
		YES	WW	I	216-03-0	0007	MARIE	E. SLA	CK, 603 SI			NTHIC	JM	
	3.0		line for (o), (b), one	nd (c),)					-	SETWEEN C	MATE INTERVAL ONSET AND DE	ATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					Meling					1965 - pracet		
	100	496 - DUE TO, OR AS A CONSEQUEN, E OF												
Conditions, if ony, which gove rise to immediate												_		
	couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF													
1		underlying cou	se lost.	(c)_			1333		OCCUPATION.		A			_
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160												
	CERTIFICATION	DATE OF OPEN	fron	7 MC	coner,	OPERATIO	7		200 AUTOPSY?	-	EC \A/ED	EEINIDIN	ICC HEED	
)	FICA	190 DATE OF OPER	ATION -	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFC	DKWED	IN CERTIFYIN			VERE FINDINGS USED NG CAUSES OF DEATH?		
	RT	21a. ACCIDENT WAS U	NIDSBLVING F	21b. TIME C	E IN HIDV		Tale HOW IN	IIIIDY OCCUPE	YES NO		YES [D + D 7 (2)	ио 🗀	
1		OR CONTRIBUTING	_	1	M. MONTH DA	Y YEAR			CED JENIER NATURE OF SP	GURT IN HEM H	B, PART I OF	CPART 2)		
	MEDICAL	JIF EITHER, NOTIFY MED		P. 21e. PLACE		19	211 LOCATIO	N.						_
	ME			JAT HOME, STREET, FACTORY, OFFICE, FA					CITY OR TOWN			COUNTY STATE		
o		AT WORK AT V	VORK -	'a - 1\' - aa d - d - d			166	10 108	. 4	Jules	10 "	76	that (I) (we)	. In a
ı		22a I certify that (sed plive or	1/157	19	79	nd that in (my)	(our) opinion o	death occurred on the	date and h	our and			
		obove, (I) (we)	(did) (did no	ot) view the body	ofter deoth.		DEGREE					2c. DATE	400	_
		O and Early MA ATTENDING MEDICAL STAFF										7	112/19	2
		22d. PHYSICIAN'S I	0			PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS								
		JAMES R. EVANS, M.D. 1132 N. ROLLING ROAD												
-	23n B	URIAL CREMATION				JAME OF C	EMETERY OR		23d LOCATION					_
	(5	SPECIFY)	T, KEMOVAL		Decree of the last				CITY OR TOWN	N PK.	A. A		MD.	
		BURIAL INERAL DIRECTOR	1	02-14			HILL CE 21229		BROOKLY E REC'D. BY REGISTR.		SIRAR'S	SIGNAT	URE	_
		NAME	TED AT	HOME T	ADDRESS		NS AVE.	Leer	4 0	tion	Ay!	Hel	ready	
	LHU	BBARD FUN	LKAL	HUME, II	VC. 410/	WILKE	NO HATE	Many See	- 1010			lipsto e.		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



FOR

REGISTRAR . DECEASED NAME

Burial

DHMH - 16 50M 1/76 (VR A 15 (4))

- STATE

TYPE OF PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH

February 16, 1979 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Race Track-Mutual 13e STREET ADDRESS 751 West Hills Parkway Mamie A. Lufz APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO. I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR | PHYSICIAN

Loudon Park Cem 24 FUNERAL DIRECTO Loring Byers Funeradiess Directors, P.A.

8728 Liberty Road Randallstown. Md. 21133

COUNTY

23d LOCATION

rector, page 3

moy be

requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		70 00	
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONT	H DAY UEAL	ZI GOUR
	(TYPE	FRED		BROOKS (JR)	FEBRUARY 4.	1070	10:40am
	3. SE		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MAle	Black	MONTH DAY YEAR	47	YRS.	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO		
BA		Md	U.S.A.	WIDOWED DIVORCED	BALTIMORE	COUNTY	MD.
58	10 CI	TOWSON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ST. JOSEPH HO	NG HOME OR OTHER INSTITUTION DSPITAL	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MP (Nitenia)	RKING LIFE) INDUSTRY	strial
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR 136 COUN	other institution, give residence befor ity 13 City or tow LTO COCKES	YULLE YES NO P	13e. STREET ADDRESS 1345 Weste	ern Run	Road
30		Fred hi	ADDIE Held Bro	IS MOTHER'S MAIDEN NA	Lacille	Millbe	erry
1	16a V	1/	war or dates) +ean 214-28-	1198 Gloria L	Brooks Co	Kesyvelle.	Md.
37		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), an	matosis secondary		APPROXI BETWEEN C	MATE INTERVAL
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	pernephroma	minal disease or conditio	ON GIVEN IN PART 1(c	9)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		. IF YES, WERE FINDIN CERTIFYING CAUSES YES	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN II	TEM 18, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	63	sow the deceased alive on above, (1) (we) (did) (did)	ol) oftended the deceosed from _ February 4 19	79_, and that in (our) opinion	. 10	nd haur and from the	
		22b. SIGNATURE	Alancia		MEDICAL STAFF DIRECTOR PHYSICIAN	Mr. DATE	5179
1		22d. PHYSICIAN'S NAME (TYPE OF	PEON -1	220. ADDRESS	SEPH >	HOSP.	,
	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 236.	Name OF CEMETERY OR CREMATORY Lockyl U. M. Church	23d LOCATION COCKESIEVE	lle Balto.	Mil,
	24. FI	UNERAL DIRECTOR	ADDRESS 170171		TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATI	URE

within 24 hours ofter

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND	1D	RYLAI	MA	OF	ATE	ST
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1	J		U	6	U	U	V

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 79	-02	966
		EASED NAME FIRST	A	MIDDLE	l.	AST	20. DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
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3.	SEX		4 RACE	100 AV	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN
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9 / 16		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDR	ESS	4	815
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()		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR				
morked or item	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Item 21 is mo		22a.1 certify that (I) (this hospin sow the deceased alive an above, (I) (we) (did) (did no	2/1	2/79 19		15/79 , 19 d that in (my) (our) opinion (, to2/12 deoth occurred on the c	779, 1 lote and hour	and from the	
The The		22b. SIGNATURE	00	n		DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE	SIGNED
7		yether /	- Tak	de	A	PHYSICIAN [2/:	12/79
RIA!		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)			22e ADDRESS				
MPORTANT: IF		Steven Pakes.	, M.D.			GBMC, 6701 N.		t. 2120	04	
≥ 23		URIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION CHY OR TOWN	4	COUNTY	EA STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

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ADDRES 1050 York Road

Towson, Md. 21204

FOR

24. FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc.

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

INDUSTRY

YES

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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COUNTY

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7922 Wise Avenue, Dundalk, MD 21222

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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director, page 3

signed by the attending physician

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. N	0.	3 - 0 4	. 31	T
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1		PART 2. OTHER SIGNIF	ICANI CON	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAI DISEAS	E OR CON	DITION G	IVEN IN PART	1(n)	
	NO	To the								5E ON CO.	,,,,,,,,	THE THE THE THE	1107	
-	CERTIFICATION	190 DATE OF OPERATIO	N	196. CONDI	TION FOR WH	ICH OPERATIO	WAS PERFORM	ED	28a AUT	OPSY?		ES, WERE FINE		
4	RTIF			LE TO		*		DE	YES 🗌	NO		YES [NO NO	
}		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU		216. TIME O HOUR A./	F INJURY M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER N.	ATURE OF INJUR	Y IN ITEM 18	B, PART 1 OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P./	w,	19							11.5	
	MED	21d. INJURY OCCURRED WHILE IN NOT WHILE		21e. PLACE (OF INJURY EET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET			CITY OR TOW	M	COUNTY		STATE
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		22a. I certify that (I) (the saw the deceased		offended the		777	d that in (my) (ou	19 - 7 - 9	, to	ad on the de	ote and by	., 19 7	()	(we) last
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		22d. PHYSICIAN'S NAM	E (TYPE OR PRI	NI	-	-/-	22e. ADDRESS	SICIAIN (S	DIRECTOR	- FITTSIC	IVIA	170		
		Dr. John	C. H.	ealy			1311	Fran	cis A	renue	2	1227		
	23a. B	URIAL, CREMATION, RE	MOVAL 7	36. DATE		3c. NAME OF C	METERY OR CRE	MATORY	23d. LOC	ATION		COUNTY	,	TATE
		Burial		2/14/	79	Glon to	aven Con	notonu	61	OR TOWN	nia	4 4	An	1

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TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health IMPORTANT: If Hem 21 is

24. FUNERAL DIRECTOR
Ambrose Funeral Home 1328 Sulphur Spring Rd.

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		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	THE STATE OF THE STATE OF
16		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. ND. 9 -	02975
1		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOU
	<u> </u>	THOMAS	PRANCIS COUGHLIN DEATH MATED 2	8 1,79 102
	3. SEX	hale white	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) 7 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	S 19 74 10 M
4	FO	RTHPLACE (STATE OR LEGIN COUNTRY) LTVland	U.S.A. B MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
7	10 CI	SS PILLE MCC	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HE OF IN SUCH FACILITY OF STREET ADDRESS! PLANN K LEEN SQUARE HOP - Station Eng.	Crownspork & Seal
5	USU A 13a. S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21128 Parey
3	Th	THER'S NAME FIRST NOMAS Coughli		LAST
1	No. V	(IF YES, GIVE Y	AED FORCES? WAR OR DATES) 106. SOCIAL SECURITY NO. 17. INFORMANT 405.22 For Evelyn Coughlin(wife) 211	ge Road 28
		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line to (a), (b), and (c).) (BY: (CAUSE (a) Athero selerates Cardio Vascula, Design	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		4592 IMMEDIAT	E CAUSE (a) CTRUM SELEVILLE CONCLUSIONED VOISBURGE SELEVILLE CONCLUSIONED SELEVILLE CONCLUS	i merce
		Canditians, if any, which		
		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	
		lying cause last.	(c)	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
4	CATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
6	TIF			YES NO NO
۱	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	T 2)
ı	MEDI	21d. INJURY OCCURRED WHILE WHILE AT WORK	216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 216. DCATION STREET CITY OR TOWN COU	INTY STATE
I		22a. I certify that I taak charge	e af the remains described abave, held an Autapsy 🔲 , Inspection 🗾 , Inquiry 🔲 , and in my api	inian
		death resulted from:	al causes, Accident, Suicide, Hamicide, Undetermined manner,	
		ACTUAL SIGNATURE	O. Hayle DATE M.D. DATE MEDICAL EXAMINER SIGNER	2-8-79
2		EXAMINER'S NAME (TYPE OR PRINT)	OHNC: Hyle ADDRESS 7527 Below Pa Ballo	136mel
	(5	PECIFY)	DATE 234, NAME OF CEMETERY OR CREMATORY 236, LOCATION CITY OR TOWN COUN	TY STATE
-		urial	2/12/79 St. Joseph Cem. Baltimore,	Md.
		chimunek Fune	eral ADM 705 Belair Road 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SI BALTO Md. 21236 FFB 1 3 1979	Cheale
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STATE OF MARYLAND

61010-0 THOMAS FRANCIS CONCHEIN CONCESS OF 1991 The rate of the state 1. 1 H . S. E. 3 3 4 2 4 More to the funt less Sycene Hope the That thought the war the same of the 212 101 CH3 and the second of the second of the second of the second of THE RESIDENCE OF THE PARTY OF T The Hope 19 -3-6 W - 3-6-19 Aug - 3-6-19 silly supply medication of survey of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fund should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical promine must be natified

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE	OF MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Randallstown. Baltimore County Gen. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CSTATE 131. CSTATE 132. CSTATE 134. CSTATE 135. COUNTY 136. CSTATE 137. CSTATE 136. COUNTY 137. CSTATE 138. CSTATE 138. STREET ADDRESS 6516 Mt. Vernon Aven 14. FATHER'S NAME FIRST Carroll E. Chaney. Sr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 17. INFORMANT Mrs. Edna M. Charley NO 212-01-4842 6516 Mt. Vernon Ave. Balto. Md. 212	O OF BUSINESS OF ECTRIC
3. SEX Male White July 21, 1906 72 YEAR 72 YEAR 72 YEAR 72 YEAR 73 BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE CITY OR COUNTRY OF DEATH MARYLAND 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstom Baltimore County Gen. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN Baltimore Baltimore County 136. INSIDE CITY LIMITS? YES NO K	O OF BUSINESS OF ECTRIC
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11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) Randallstown, Baltimore County Gen. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore Balto. County YES NO M 15d. INSIDE CITY LIMITS? 15d. INSIDE CITY LIMITS? 16d.	of Business of Ry ectric ue 2121 LAST
Randallstown. Baltimore County Gen. Hospital Clay Worker General El USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. STATE 13h. STATE 13h. COUNTY 13c. CITY OR TOWN 13d. Inside CITY LIMITS? 13e. STREET ADDRESS 6516 Mt. Vernon Aven 14. FATHER'S NAME FIRST Agnes Fisher 15. MOTHER'S MAIDEN NAME FIRST Agnes Fisher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19 CAUSE OF DEATH (Enter only one couse per line for (o), (b),	ectric nue 2121. LAST
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PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	OXIMATE INTERVAL
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(a)
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINI IN CERTIFYING CAUS YES NO YES 7 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2	
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT W	STATE
20a. I certify that (I) (this haspital) extended the deceased from	he couses stated
Molet Coop ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	TE SIGNED
Robert (Roognid, 170 8726 Liberty 21 62 a Ro	17/7
RODERT (REGIRAL COUNTY) 236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY COUNTY	STATE
230 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 2/10/79 Woodlawn Cemetery Woodlawn Baltimore	17/79

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, a should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be facilited

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02077

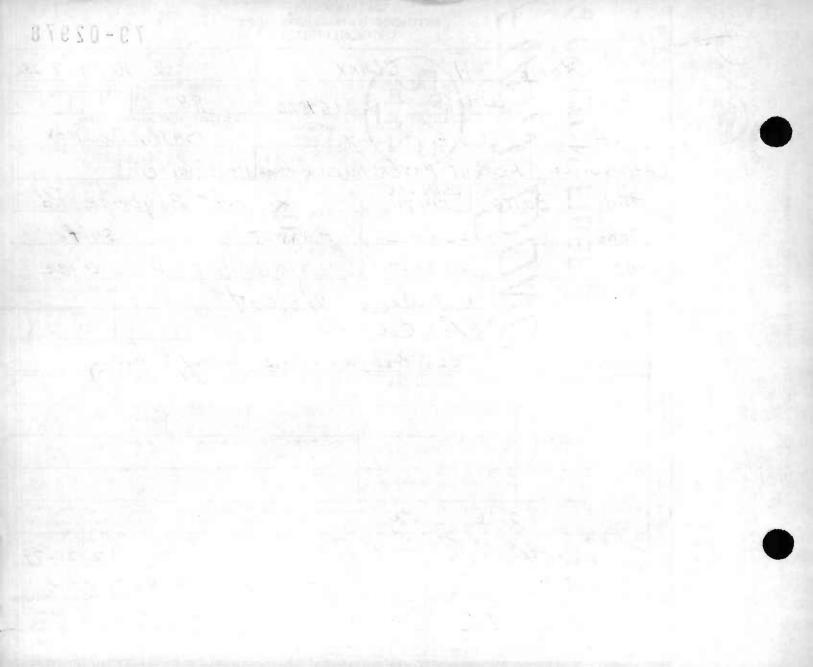
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0 13-0	16311
	CEASED NAME	FIRST	A	AIDDLE	ı	AST	20. DATE OF DEATH		AR 26. HOUR
(TYPE	Melvin		R.		(lark	2/15/79		10:4
3 SE			4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	YEAR IF UNDER 2
	Male			White		y 22°, 1916°	68	YRS.	DAYS HOURS
	IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY C		
	Marylan	d		USA	WIDOWE		Baltir	nore County	T
	ITY OR TOWN OF DEA	ATH	LIE NOT IN SUC	HEACHITY CINE STREET	DDDESSI	or other institution st. 21204	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C COntracto	OF WORKING LIFE) INDUS	ND OF BUSINES
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14. F/	John R.		MIDDLE .	LAST		15 MOTHER'S MAIDEN NAM	e E. Ridge:	L	LAST
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	
(Yes, no or unknown)	WW	WAR OR DATES)	217-12-6	576	Mrs. Kathryn	M. Clark	Same as # 3	13
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	22a.1 certify that (1) saw the decease above, (1) (we) (c			,		5/79 . 19	, ta2/15/ death occurred on the d	79 , 19 late and hour and fran	, that (1) (w m the couses stat
10	22b. SIGNATURE	Bed	lou		n.		MEDICAL STA CDIRECTOR PHYSIC	FF _ O	1/15/79
	George		n, M.D.			1205 York Ros	ad, Lutherv	ille, Md.	21093
23a.	BURIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STAT
24.5	Buri		2/17			hedral Cemeter	Baltimo	re Marylan	TALATING . '
24 F	Buri UNERAL DIRECTOR uck Towson					25 DATE	किए के विकास	A REGISTRAR'S SIC	WATURE CL

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) ROXIE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED O CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Atoms UILLE HOUSEWIFE 4. FATHER'S NAME MIDDLE MIDDLE SHITE BALTIMORE, ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for ia), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased fram_ sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b shoul with 1 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Howard 3/1/79 Meadowridge Mem. Burial Dorsey 24 FUNERAL DIRECTOR Duda-Ruck, Inc. STRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 7922 Wise Avenue, Dundalk, MD 21222 (VR A 15 (4))



3 result 7/18 To day		#182-22a	Film G529	3/15/79ST	F HEALTH	MARYLAND H AND MENTAL H	HYGIENE			7	•
Do net issue	ATE GISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE C	OF DEATH	REG. NO	9-1	0297	9
copies. See	ASED NA	ME FIRST		WIDDLE	III TO THE	LAST	2a. DA	TE KNOWN	MONTH	DAY YEAR	2h HOUR
Mr. Randall	W PRIIVIT	VERMA	N	JOVEL		CLAUDIO		F ESTI-	2	14 10 79	12:30 A M
1 SSUED SILS TO UA		4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (P		NDER 1 YR. IF UNDER			HTMOM	DAY YEAR	2d HOUR
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MD. 2 PM. 3. PM. 3. MTAL	14. FATHER'S NA	ME	WIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
DEATH DEATH	Venan	cio		Claudio		. Cristin	na		L	opez	
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, BALTIMORE, MD. JURS AFTER DEATH B. GIVE PAGES 1, 2 WITH FORM PM TI. PAGES 1 AND 2 TI. PAGES 1 DIVISION OF VITAL	YES	V	IETNAM	105 12	2919	CLINICAL	RECORDS	. VAMC.	FORT	HOWARD	. MD
COURS OURS 18. G WIT. PA	18. CAUSE	OF DEATH (Enter on DEATH WAS CAUSE	ly one cause per line							APPROXIMATE BETWEEN ONSE	T AND DEATH
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ITAL RECORDS, 301 W. PRESTON ST., I SHOULD BE EXECUTED WITHIN 24 HOURD PRD "PENDING" IN PENCIL IN ITEM 18. CHIEF MEDICAL EXAMINER ALONG VENETH AND MENTAL HYGIENE, DO HEATH AND MENTAL HYGIENE, DAIL, CREMATION, OR REMOVAL.		 (o) stating the <u>under</u>- ause last. 	DUE TO, OR	AS A CONSEQUENC	CE OF		13.3				
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N HE V		NG OR	HOUR A.M		79	respirato					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM R3 SHOULD BE USED AS A BURBLA-IRRANSIT PERMIT. PAGES 1 AND 2 E DEPRIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MIX I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		TING CAUSE OF		OF INJURY (AT HOME		CATION	- J bappe	of U Inter-	rrupoe	Ju	
PRITING BIN	¥ WHILE	NOT WHILE		ory, FARM, ETC.)		Ft. Howard	City C	cimore Co	COUNT		STATE
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CATE FOOR: VD, 2			ge of the remains des			osy XX , Inspectio			d in my opin	ian	
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L DIE CE	ACTUAL	- Uur	chia SE	tolon no		TITLE (SPECIFY)	4		DATE	2/15/	79
ICAI SHC SHC ERATE	SIGNATUR	E	0		^	.v. assistan	MEDICAL E	XAMINER	SIGNED.	-/ -/	1/
MED CUTE FUN TIMO	EXAMINER (TYPE OR P	SNAME Virg	ginia L. D	olan M.D	•	ADDRESS 1	ll Pen	st.			
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 213	230 BURIAL CREA	AATION REMOVAL				OR CREMATORY	23d. LOCATIO	N	1 (01)	,	TATE
0103	(SPECIEY) Buri	al	Feb.20, 17	9 Arling	ton Na	ational Cem	n. Arlin	gton A	rlingt	in Va.	
DHMH-17 20M 1/73 (VR A15 ME (5))	24. EUNERAL DIR	ECTOR lan	lesin ADDRESS	76 F D:-	mand /	25a. DATE		TRAR 256. REGIS			
(11. A 13 INE (9))	Gartner	-Sandison	F. H. C	aithersbu	rg. M	i.	EB 23 1	379	Mary 1	PITUMO	4

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MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified at

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02980

	1 -	FOR STATE REGISTRAR	C 10	027 946	DEPARTI		ICATE OF	MENTAL HYG DEATH	IENE REG. 1		-02	980
		CEASED NAME	FIRST	/	MIDDLE		AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
			EMERY		E.	COF	TMAN		FEBRUARY	6,	1979	6:35a M
3	SEX			4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST 8		ONTHS DAYS	IF UNDER 24 HRS
		MALE		WHIT	5	3	4	95	83	YRS.	DATS	HOURS MIN
7	a. BIR	RTHPLACE (STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED [9. BALTIMORE CITY	OR COUNTY O	OF DEATH	5
DV		ST VIRGINI	Α	U.S.	A.	WIDOWE		NORCED	BALTIMORE	COUNTY		MD.
2		Y OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)		1 100 - 1	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Coal Mi	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
U	JSUA	L RESIDENCE HENUR			S MEDICAL GIVE RESIDENCE BEFOR		ER, FT	• HOWARD	COGI MI	Her -Ke	CILEC	<u> </u>
1	3a. S	TATE	136 COUN	ITY	Edgeme.	/N	13d. INSIDE C		3116 RIVE		DD DA	TIMO IMI
	-	THER'S NAME	BALT	IMORE	Dageme	10	YES 15 MOTHER	S MAIDEN NAM		TUTTAT	RU, DA	LLTO, PID
I		FIRST	-	MIDDLE	LAST			FIRST	MIDDLE		1AS	
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J		18 CAUSE OF DEAT PART I. DEATH W	/ACCALICE	DRV	line for (a), (b), an						RECE	MATE INTERVAL ONSET AND DEATH
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7	CERTIFICATION	19a DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDING CAUSES	
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		22a certify that (I) saw the deceas above, I) (we) (. 22b. SIGNATURE	ed olive on	2/6_	ofter death.	79	771 nd that in (my)) (our) opinion (to 2/6 death occurred on the	dote and hour		
		Chler	1	Tuva	e M	1.8.		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN XX	2/6/	
		22d. PHYSICIAN'S N	AME TYPE O	R PRINT)			22e ADDRES	SS				
		PETER V	JUV	AN, M.D			VAMC	. FORT	HOWARD, MD	21052		
2		URIAL, CREMATION,	REMOVAL	23b. DATE 2./9	/79 B	NAME OF C	EMETERY OR River	CREMATORY	23d LOCATION CITY OR TOWN	h Rive	COUNTY Ni	chollas

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) BURTAL 24. FUNERAL DIRECTOR NAME

7922 WISE AVE, BALTO, DUDA-RUCK FUNERAL HOME

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	1 -	STATE REGISTRAR				CERTIF	ICATE (F DEATH		REG. NO	79	-02	982
	1. DEC	CEASED NAME OR PRINT)	FIRST		MIDOLE		ast HEN		20 DATE OF		EB. 17		26. HOUR 12:55 A
),	3. SEX	MALE	4	RACE WHIT	re	S. DATE C		1903	6 AGE (IN YE	ARS LAST BIRT	-	ONTHS OAYS	HOURS MIN.
15tonce		RTHPLACE (STATE OR FO DUNTRY) MARY LAND	REIGN 7		WHAT COUNTRY	? 8 MARRIE WIDOWE		/ER MARRIED DIVORCED			RE COU		MD.
) Orified		TY OR TOWN OF DEA LTIMORE		(IF NOT IN SUC	HOSPITAL, NURS THE FACILITY, GIVE STREE LELDVIEW	T AODRESS)	(2120)		120 USUAL (TYPE OF WOR POST		ON F WORKING LIFE ERK F	126. KIND (INDUSTRY EDERAL	GOV T.
ad test be	13a S MA	ARYLAND	NG HOME OR C 136 COUNT BALTI	Y	BALTIMO	WN	YES [ADDRESS	VIEW R	D. #21	1207
Somine State	14. FA	HYMAN	м	IDDLE	COHEN		DC	HER'S MAIDEN NA DRA	ME	WIDDLE		CLUST	r'er
event, the medical		vas deceased ever yes, no or unknown) NO		MED FORCES? WAR OR DATES)	16b. SOCIAL SEC		MRS.	HELEN E.	COHEN	3309		VIEW F	
injury, or other troumatic event,		18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse (o), stotim underlying cause PART 2. OTHER SIGN	AS CAUSED IMMEDIATE which nediote g the lost.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEO	UENCE OF	. JU	ATED TO THE TERM	MINAL DISEAS	E OR CONI	DITION GIVE	17	XIMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	19a DATE OF OPERAT	ION ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS P	ERFORMED	20a AUTO	DPSY?			INGS USED S OF DEATH?
MPORTANT: If Item 21 is morked or Item 18 shows ony	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CIETITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WO	CAUSE OF DEAT	P. 21e. PLACE	OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	19	21f. LOC	W INJURY OCCUR	RRED (ENTER NA	CITY OR TOV		COUNTY	STATE
n 21 is mo		22a. certify that (1) sow the decease above, (1) (we) to	ed olive on_	7 50	19			(my) (evr) opinion	deoth occurre	ed on the de	ote and hour	ond from the	
NT: If He		22b. SIGNATURE	mph	Men	Mb		DEGREE		MEDICAL DIRECTOR	STAI PHYSIC		129	17/79
MPORTAL		22d. PHYSICIAN'S NA	· ·	PRINT) EPH SHE	· ·			5 PARK H					,
<u> </u>		BURIAL, CREMATION, SPECIEY) BURIAL	REMOVAL	23b. DATE 2-18-7				OR CREMATORY CONG.		ATION PRIOWN CIMORE		COUNTY	IARY LAND

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

24. FUNERAL DIRECTOR BROS., INC. SOL LEVINSON G BALTO. 6010 REISTERSTOWN RD

MD 21215

BY REGISTRAR 255 REGISTRAR'S SIGN FURE

						STATI	OF MARYLA	ND					
-	1.	FOR STATE			DEPAI		EALTH AND M		ENE	7	9-02	983	
		REGISTRAR				CERTIF	ICATE OF DI	EATH	REG. N	0.	3-02	300	
		CEASED NAME	FIRST		MIDDLE	L	AST	- 101		MONTH	DAY YEAR	2b. HOUR	
301			Maddie	2	Golda.	(COLE		2-3-79	Fal.	3,79	4 P	. м.
23	3. SE	X .	A19 3.	4. RACE		S. DATE C	F BIRTH	VEAD	6. AGE JIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24	HRS MIN
	Fe	emale		White	3.00	MONTH	i3	05	13	YRS			
MI		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER M	ARRIED .	9 BALTIMORE CITY	R COUNT	TY OF DEATH		
10			rolina	U.S.	A'.	WIDOWE		ORCED 😭	BALTIM	ORE	COUNTY	39.49.4	MD.
2	10 CI	TY OR TOWN O	POEATH	11. NAME OF	HOSPITAL, NUR		R OTHER INSTI	TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND (OF BUSINESS	SOR
2.1	R	HARALL	STOWN	Batto, Con	intu Gen	1 HISP]	ountain				nt
	USU A	AL RESIDENCE (I	F NURSING HOME OF	OTHER INSTITUTION	GIVE ESIDENCE BEI		113d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS		7		
54	Ma	aryland		imore	21234			NO 💢	7926 Dal	esfo	rd Roa	d	244
- 62	14 FA	THER'S NAME		MIDDLE	tast		15. MOTHER'S	MAIDEN NAM		7800	LA	1	
151	J.	R.			Johnst	on		frisco			Fletch		
	160 W	VAS DECEASED ES, NO OR UNKNOW	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	LINFORMAT	e Bive	ens 7926DR	Dale	sford	Road	
1	No)			217-2	7-6193	Rober					234	
		18 CAUSE OF	DEATH (Enter or	ly one couse per	lige for (a) (b),	ond (cl.)					APPRO) BETWEEN	ONSET AND DE	AL EATH
		PART I. DE A	TH WAS CAUSE	D BY: TE CAUSE (a)	100 N	com	any &	200v	ny				
		459	7)	DUE TO, O	R AS A CONSEC	DUENCE OF	7		,				
		Conditions, if	ony, which	(b)_	B20	1							
		gove rise to	stating the	DUE TO, O	R AS A CONSEC	QUENCE OF							
		underlying	couse last	(c)								1300	
		PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITIONG	IVEN IN PART 1	01	231
	CERTIFICATION	Cons	7	e He	estt	Tale	ne						
0	CAI	190. DATE OF O	PERATION	196 COND	ITION FOR WHI	CH OPERATIO	WAS PERFOR	MED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED	?
7	RTIF							35 500	YES NO		YES 🗌	NO 🗌	
9	-	210. ACCIDENT W.	AS UNDERLYING C	21b. TIME C	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)		
	ICAL	I IF EITHER, NOTIFY	MEDICAL EXAMINER)	Ρ.	М.	19							
	MEDI	21d. INJURY OC	CURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.]	21f. LOCATIO STREET	N	CITY OR TO	wn	COUNTY	STATI	E
		AT WORK	AT WORK			- 1	- 3						
				10	e deceased from		1 1 1 1 1 1	, 19 79		>-		that (I) (we	,
		obove, (I)	eceased alive an we) (did) (did no	t) view the body	ofter death.	. (ont obinion a	leath occurred on the d	ate and ha			ed
		22b. SIGNATUR	1/			(/)	DEGREE	TENDING	MEDICAL STA	FF	22c. DATE	SIGNED	
		14ohn	X	avor	Uh	V	9 P	HYSICIAN D	DIRECTOR PHYSIC		1	119	
		22d. PHYSICIAN	I'S NAME (TYPE O		1/	Ma	22e ADDRESS	21	000		- 00		
		Kope	~/ ((NICK	V	815	6 1	will bla	al	Call		
3	23a. B	BURIAL, CREMAT	ION, REMOVAL				EMETERY OR C		23d. LOCATION (J	COUNTY	STATE	
111		rial		Feb.6	79	ork M	ethodi					Md.	100
		JNERAL DIRECT		1 175	ADDRESS				REC'D. BY REGISTRAR	25b. REGIS	0 1		
	W	lliam	E. Jo	hnson	8521 T.	och Ro	man R'	1756	B 5 1979	N	wither M	Creody	7

best Protected ones to the design anguisted bondy and 10212 .51 ... ties aloughest Clo T- 12 Dirical - Pab. 6, 'vo Fernandies Incom Baltimopa Co., Mil.

William I. Johnson Bart Lock Chaves Blod. I be willist

Alan Seitz Funeral Home 3818 Roland Ave.

(VRA 15 (4))

STATE OF MARYLAND

STATE

STATE OF MARYLAND

Items #18a Film G529 3/8/79 rc

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

x in the Mind Mind Depart

should be detoched for use as the burial-transit permit. Then please remove carbangopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR				CATE OF DEATH	IENE REG		-029	87
	ECEASED NAME FIRST	MIDD	LĒ	ĹA	ST	2a. DATE OF DEATH		DAY YEAR	26 HOUR
(1111)	Wilbu	ur	C.	CR	OSBY,SR.	Feb. 4	, 1979		5: P.
3. SE	X	4. RACE	5	DATE O	F BIRTH	6 AGE (IN YEARS LAST	BIRTHOAY)	IF UNDER 1 YEAR	
	M	W		NOV.	18°, 1905		74 YRS	MONTHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8	AA A ODIED	NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
	Maryland	USA		WIDOWE		Baltin	nore C	ounty	Mi
10.C	Towson	(IF NOT IN SUCH FA	SPITAL, NURSING CILITY, GIVE STREET ADD	DRESS)	ROTHER INSTITUTION	12a USUAL OCCUP		126 KIND (INDUSTRY A.Pr	of BU SOMS nillips
USU 136.	STATE 136 COU	PROTHER INSTITUTION, GIVE NTY 136	E RESIDENCE BEFORE AD CITY OR TOWN TOWSON	1	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRES 40 Acor	n Circ	cle 212	04
14. F	ATHER'S NAME FIRST James C	WIOOFE	LAST VOSOV		15 MOTHER'S MAIDEN NA/ FIRST Emma	ME MIDDLI		Thom	NST NSON
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURIT	IY NO.	17 INFORMANT		DRESS	1110111	03011
0	(YES, NO OR UNKNOWN) (1F YES, GIV	VE WAR OR DATES)		- }	Mr. Mrs. J.	M. Span	aler		
7	Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost	DUE TO, OR AS	S A CONSEQUENT S A CONSEQUENT RIBUTING TO DEA	CE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OF CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF II	JURY IN ITEM 18, I	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF	INJURY FACTORY, OFFICE, FARA	M, ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220. I certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE) Marshell A.	n 2/3/ ot) view the body ofte Dall (er deoth.		19 78 d that in (my) (our) opinion of the period of the pe	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	22c. DATE	that (I) (we) los e couses stated E SIGNED 5 1-2 9
23a.	BURIAL, CREMATION, REMOVA			ME OF CE	METERY OR CREMATORY	23d. LOCATION	,		
	(SPECIFY)	2-6-70			midae	Raltimo	ne Co	COUNTY	myland

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR Henry W. Jenkins Sons Co. Rd. Balto., Md. 21212 4905 York Rd.

250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 1979

FEB5

THE RELL VOICE in it is a second of the secon Constitutes .V. Files with the same of t Acceptation of the control of the co

requires that the death certificate be executed within 24 hours ofter death. Page

ATTENDING PHYSICIAN: The law

etoined by the hospital TO HOSPITAL

BP DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

[MAPORTANT: If hem 21 is marked or them 18 shows any injury, or other troumatic event, the medical examine (myst be natified of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02988

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7		0298	8
	DECEASED NAME FIRST		WIDOLE	ı	AST		MONTH	DAY YEAR	26. HOUR
ľ		bert	I	Cr	Ouse	Fob were seen	Q	1970	h 00 M
3.	SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY]	FUNDER I YEAR	
	Male	Whi	te	MONTH 1	6 95	84	YRS	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	- 110.	Y OF DEATH	
1	Arundel Co		USA	WIDOWE	D NEVER MARRIED D	Baltim	ore	County	z AAD
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND	OF BUSINESS OR
	Baltimore		klin Squa		spital	(TYPE OF WORK FOR MOST O	FWORKING		ne-Servic
13	SUAL RESIDENCE (IF NURSING HOME: 30 STATE 136 COL Md Ba	or other institution JNTY 1 to	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	Rt I Box 1	62 Se	evern.M	d
14	FATHER'S NAME	WIDDLE	LAST	ME C	15. MOTHER'S MAIDEN NAM	ME			AST
	James	H		use	Anna	MIDDLE		-	Crouse
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	214 14 4	267	James H. Cro	use 6745 Ro	berts	s Avenu	e
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per			spiratory A			APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO O	r as a conseque	NCE OF					
TIELCATION	PART 2. OTHER SIGNIFICANT Aspiration 190. Date of OPERATION	conditions co	a, anemia	DEATH BUT	NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF Y	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE (ES]	INGS USED
A CEPTIEIC ATION	PART 2. OTHER SIGNIFICANT Aspiration 190. Date of Operation 210. ACCIDENT WAS UNDERLYING	CONDITIONS CO PNEUMON 1 196 COND A 216 TIME O HOUR A.	A ANEMIA TION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT OPERATIO AY YEAR		200 AUTOPSY?	20b. IF Y	ES, WERE FIND IFYING CAUSE IES []	INGS USED
MEDICAL CEDIESCATION	PART 2. OTHER SIGNIFICANT Aspiration 190. Date of Operation 210. Accident was underlying or contributing cause of D (IF BITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED	CONDITIONS CO PNEUMON I 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND	a, anemia ition for which of injury M. MONTH DA	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FIND IFYING CAUSE IES []	INGS USED
	PART 2. OTHER SIGNIFICANT Aspiration 190. Date of Operation 210. Accident was underlying OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	CONDITIONS CO PNEUMON I 196 COND 196 COND 196 COND 216. TIME O HOUR A. R) 21e. PLACE (AT HOME, STR	A A A NEMICA A A NEMICA OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. de deceosed from are 819 drift Jeoth.	OPERATIO AY YEAR 19 ARM, ETC.] Jan. 79 , or	216. HOW INJURY OCCURR 216. LOCATION STREET 1217 15 19 79 Ind that in (my) (our) opinion of	20a AUTOPSY? YES NOTE NED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YI IN CERT	ES, WERE FIND IFYING CAUSE (ES	INGS USED SOF DEATH? NO STATE
	PART 2. OTHER SIGNIFICANT Aspiration 19a. Date of Operation 21a. Accident was underlying or contributingcause of D (if either, notify medical examineat workat work	CONDITIONS CO PNEUMON I 196 COND 196 COND CEATH HOUR A. R) 216. PLACE (AT HOME. STR DITO) oftended the In TO CONDITION OF THE BOOK	A, ANEMICA TION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.] Jan. 79 , or	21f. HOW INJURY OCCURR 21f. LOCATION 21f. LOCATION STREET 21f. LOCATION OTHER CONTROL OF THE CON	20a AUTOPSY? YES NOTE NED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YI IN CERT	ES, WERE FIND IFYING CAUSE (ES	STATE , that (I) (we) last the causes stated
	PART 2. OTHER SIGNIFICANT Aspiration 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive of obove, (1) (we) (did) (did)	CONDITIONS CO DNEUMON I 196 COND 196 COND 196 COND 216 TIME O HOUR A. P. 21e PLACE (AT HOME, STE DITO) ottended the DITO OTTENDED ORPRINT)	DNTRIBUTING TO E a, anemia ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. de deceosed fram and years An	OPERATIO AY YEAR 19 ARM, ETC.] Jan. 79 , or	216. HOW INJURY OCCURR 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. ATTENDING PHYSICIAN 220. ADDRESS	280 AUTOPSY? YES NOTED NATURE OF INJUST CITY OR TOV TO FOR TOWN MEDICAL STALL	20b. IF YI IN CERT	ES, WERE FIND IFYING CAUSE (FES	STATE , that (I) (we) last e causes stated
ASDIGM.	PART 2. OTHER SIGNIFICANT Aspiration 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 270. I certify that (I) (this has saw the deceased alive cobove, (I) (we) (did) (did of 27b. SIGNATURE 27c. PHYSICIAN'S NAME (TYPE Meher T	CONDITIONS CO PNEUMON I 196 COND 196 COND 216. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR (OI) VIEW THE BOOY OR PRINT) abataba	DNTRIBUTING TO E a, anemia ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. REET Scoth. 1 M.D.	OPERATIO AY YEAR 19 ARM, ETC.] Jan. 79 dry,	216. HOW INJURY OCCURR 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. ATTENDING PHYSICIAN 220. ADDRESS	286 AUTOPSY? YES NOTION CITY OR TOW TO FOR THE MATURE OF INJURE CITY OR TOW MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YI IN CERT	county 19 79 12 Dat 2-8 Drive	STATE , that (1) (we) last e causes stated E SIGNED
A CIGARA	Aspiration Aspiration 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK 220. I certify that (1) (this has saw the deceased alive on obove, (1) (we) (did) (did) 22b. SIGNATURE Meher T	CONDITIONS CO PNEUMON I 196 COND 196 COND 216. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR (OI) VIEW THE BOOY OR PRINT) abataba	DNTRIBUTING TO E a, anemia ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. CHECK Septh. 11 M.D.	DEATH BUT AY YEAR 19 ARM, ETC.] Jan. Tan. MAME OF C.	216. HOW INJURY OCCURR 216. LOCATION STREET 216. LOCATION STREET 216. LOCATION STREET 216. LOCATION STREET 216. ATTENDING PHYSICIAN 226. ADDRESS 9000 Frai	280 AUTOPSY? YES NOTE CITY OR TOV CITY OR TOV TO FOBRUA MEDICAL STAI DIRECTOR PHYSIC AKLIN SQUA 1734 LOCATION	20b. IF YIN CERT YN TEM 18	ES, WERE FIND IFYING CAUSE (FES	STATE st

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Sil. III					not like	
kušt.			166643			7 5 007
	3-47-4-5-5-60					

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-02989

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 3
- 1	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	(TYPE	ORPRINT) RALP	h KrAmer	CRYMRINE	2-14-79 436
	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 14 HRS
		MALE	White	Apr. 24, 1913	MONTHS DAYS HOURS MIN
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
5	ري	Penna.	U.S.A.	WIDOWED DIVORCED	BAHO. County MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
4	K	And Allstown.	BAIto County	GENERAL HUSPITAL	ELect BAltoGAS + ELect
5	13a. S	TATE 13b. COUN		ORE ADMISSION) WIN 13d. INSIDE CITY LIMITS? YES NO NO	130. STREET ADDRESS Ewing Dr.
-	14. FA	THER'S NAME	717 /(03/04	15. MOTHER'S MAIDEN NA	
30			Crum-In E	E SLIZAL	
1		ES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATEST	CURITY NO. 17. INFORMANT	ADDRESS wing Dr.
		yes w.	W.11 163-14-	-4682 MAry Crun	nvine Reisterstown UC
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), o	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-		TE CAUSE (0)	onarey I wom	bosis (abier)
	29	410-	DUE TO, OR AS A CONSEQU	JENCE OF .	21.
		Conditions, if ony, which	((b) 42	leriselleon	fars
ч		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF	
		underlying couse lost.	(c)		
	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
-	TIO	19a DATE OF OPERATION	TIPL CONDITION FOR WHICH	TH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
2	CERTIFICATION	TYS DATE OF OPERATION	178. CONDITION FOR WITE	THE CHANGE WAS TEN OWNED	YES NO YES NO NO
CF	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
1	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	AIN	19	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN COUNTY STATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, TACTORT, OTTICE	c, rann, cre.j	
			tal) ottended the deceased from	2-28- 1977	, to
		sow the deceased plive on	view(the body ofter death.	, and that in (my) (our) opinion	death accurred on the date and hour and from the causes stated
		22b. SIGNATURE	11.1.	DEGREE	22c. DATE SIGNED
	1	C & //	William		MEDICAL STAFF DIRECTOR PHYSICIAN 2-15-79
1		22d. PHYSICIAN'S NAME (TYPE C		222 ADDRESS	
		C.E. MS		Reisters	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOTAL COOPERS / STATE
4	24 51	BuriAl	Teb1/1717	LAKE VIEW Mem P	TERECO BY REGISTRAR 25 DAEGISTRAR'S AIGNAURE
	Z4. FL	INERAL DIRECTOR	ADDRESS .	Lard lunter	1 PRECID. BY REGISTRAR 256 AREGISTRAR'S ALGINATURE
	/	7 - To cold	and Own	ngs Wills, wa	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Annie D. Crusoe J. SEX Female J. SEX J. SEX Female J. SEX J. SEX Female J. SEX J. SE	U	REG. NO. 9 - U Z 9 9	IFICATE OF DEATH	CER			- STATE REGISTRAR	1-
Annie D. Crusoe J. SEX Female J. DATE OF BIRTH J. DATE OF BIRTH	2b. HOUR	20 DATE OF DEATH MONTH DAY YEAR	LAST	MIDDLE		FIRST	CEASED NAME	1. DEC
Female The control of the control	1:00 PM	02/ 23/ 79	rusoe	D. C:		Annie	E OR PRINT)	THE
10_BIRTHPLACE STATE OR FOREIGN 10_CITIZEN OF WHAT COUNTRY 10_CITY OR TOWN OF DEATH 11_CITY OR COUNTY OR FOR THE NOTIFICATION OF STREET ADDRESS 11_CITY OR COUNTY 11_CITY					4. RACE		Х	3. SEX
MARRIED NOVER MARRIED NOVER DEATH NUMBER NOVER MARRIED NOVER DEATH NUMBER NOVER MARRIED NOVER DEATH NUMBER NOVER MARRIED	HOOKS MIN.	60	02 10		/V		Female	F
NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION TIZE LISTED COUNTY THE NUMBER OF HOSPITAL NURSING HOME OF OTHER INSTITUTION TIZE LISTED CONTROL TIZE KND OF BUS IN THE PINES THE NUMBER OF THE NUMBER OF THE NUMBER OF WORK FOR MOST		9. BALTIMORE CITY OR COUNTY OF DEATH	RIED NEVER MARRIED	1 1107		OR FOREIGN	"OUNTRY)	2 00
Catonsville House in the Pines—Catonsville (IPPOP WORK DO MOST OF WORK DO MO	MD,				4->		Maryland	M
USUAL RESIDENCE (P NURSHOUSE OR OTHER NOTITION) OVER DESCRIPTION OF DESCRIPTION O			E OR OTHER INSTITUTION			DEATH	TITY OR TOWN OF	10. Cf1
13. COUNTY 13.	مست مست	1/	Catonsville	in the Pines-	House :	lle	Catonsvil	0 0
The continuence The contin		714 59th Ave	YES NO A	13c CITY OR TOWN	R OTHER INSTITUTION	136 COU	STATE	130. S
18. CAUSE OF DEATH Enter only one couse per line for 01, 01, and 02.	AST		15. MOTHER'S MAIDEN NAM	LAST	MIDDLE	/	ATHER'S NAME	14. FA
18. CAUSE OF DEATH Enter only one couse per line for 01, 01, and 02.		0150M	HAMIE 10	7.5	1199:	2 (QHANIE	06
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After this certificate has been

TO FUNERAL DIRECTOR. etained by the hospital

completely filled

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

1. DE	REGISTRAR			ICATE OF DEATH	REG. N	0 - 0 2 9 9 3
	CEASED NAME FIRST EOR PRINT) Hele	en A, D	elinsk	1	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3. SE	X	4. RACE	5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24
	Female	White	Aug	- 0 0 -	98	MONTHS DAYS HOURS A
	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8			R COUNTY OF DEATH
0	Poland	USA	WIDOWE	DIX DIVORCED	Balto.	Country
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE			120. USUAL OCCUPATI	ION 126, KIND OF BUSINESS
	Dundalk	2612 Amble	er Rd.		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
USU,	AL RESIDENCE (IF NURSING HOME STATE 136 COL	or other institution, give residence by UNTY 13c CITY OR T	OWN	13d INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS	nn Street
14 FA	ATHER'S NAME Alexander	MiCkucki Mickucki		IS MOTHER'S MAIDEN NA. FIRST Victori	ME	LAST
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17_INFORMANT	ADDRE	SS
9	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR OATES)		Thomas Del	inski 11	0 5. Ann Street
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TIFICATIC	190 DATE OF OPERATION	196 CONDITION FOR WH	IQH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN:

24 FUNERAL DIRECTOR

John

Burial

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2/21/79

& Sons

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REGISTRAR'S SIGNATURE

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STATE OF MARYLAND 79-02994 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) February 7,1979 2:45P George Charles DENT 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX DAYS HOURS an. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED KNEVER MARRIED Paryland Baltimore County DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore toreman BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 1206 William St. Balto. Nd. 14 FATHER'S NAME MIDDLE MIDDLE Anne Painter Ment 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Mrs. Lillian G. Pent. Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Adenocarcinoma of the lung with metastasis Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 70b. IF YES, WERE FINDINGS USED. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO I 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 210. PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Jan 220.1 certify that X (this haspital) attended the deceased fram reb. saw the deceased alive an FED.

abave, (we) (did) (dd as) view the bady after death and that in () (aur) apinian death occurred an the date and haur and fram the causes stated 22c. DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL STAFF should be detac DIRECTOR PHYSICIAN K 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a ADDRESS Chow 9000 Franklin Square Drive Kaf 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL STATE Baltimore. Maryland Feb. 10. 1979 edar Hill (emetery Burial DHMH-16 50M 7/77 Mo willy Funeral Home, 130 E. Forth Ave. Balto. Md. (VR A 15 (4))

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02995

	REGISTRAR				CERTIF	ICATE OF DE	AIN	REG. NO).			
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	ONTH E	DAY YEAR	26 HOL	JR
		OSSI	E	н.	DiBLA				979			М
SE:	Х		RACE		5 DATE C		VEAD	6 AGE JIN YEARS LAST BIRTI		IF UNDER 1 YEAR	HOURS	R 24 HRS
	FEMALE		WHIT	E	DECEN	BER 27,	1909	69	YRS.	NONTHS DATS	HOURS	MIN.
C	RTHPLACE ISTATE ORFORD	REIGN 7		S.A.	MARRIEI WIDOWE	DI NEVER MA	ARRIED .	BALTIMORE CITY OF				AAD
	CATONSVILLE		1. NAME OF		SING HOME C	C C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED		12b. KIND C INDUSTRY G.S.		MESS OR
(3a, S	MARYLAND	BAL	TIMORE	GIVE RESIDENCE BE	FORE ADMISSION)		10 ×	13e STREET ADDRESS 12 MERRIL	L ROA	D APT.	С	
4. FA	THER'S NAME HENRY	М	IDDLE	FITZĠĔŔ	ALD	15. MOTHER'S	NNA	MIDDLE	ITZGE	RALD	ST	
6a V	VAS DECEASED EVER II		MED FORCES?	166 SOCIAL SI		17 INFORMAN		ADDRE		1 0.7		2400
	NO			579-20	-2/15	ALILE	J. GRA	HAM 12 Merr	TIT K	d. Bali		2122
CERTIFICATION	PART 2. OTHER SIGN		_	Hor	PARA	NOT RELATED TO	are	NAL DISEASE OR CONE MOMO 200 AUTOPSY?	20b. IF YES	EN IN PART TO S, WERE FINDIN YING CAUSES	NGS USE	
RTIF								YES NO		s 🔲	NO [
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA)	USE OF DEAT	.,	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	(IN ITEM 18, PA	ART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRI	D	21e PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET	~ ~ ~	CITY OR TOW	n /	COUNTY	s	STATE
	22a.1 certify that (1) (sow the deceased obove, (1) (we) (di 22b. SIGNATURE	olive on_	3/1	ance	79 on	DEGREE	19 opinion of	, ta, ta, death occurred on the do	NE I	/ /		tated
	22d. PHYSICIAN'S MA	ME (TYPE OR	PRINT)	Brypo	n	22e ADDRESS	4 //	estrueu		10 M	arcs	5 1/9
23a. E	BUMAL, CREMATION, R	EMOVAL	1	//	Ft. Lin	EMETERY OR CE	REMATORY	23d. LOCATION CITY OF TOWN	od M	county		TATE
24 Ft	NAMUITZKE F	TUNER	AL HOME	S P.APRESS alto. M	d. 2122	8	MAR MAR	REC'D. BY REGISTRAR	25b. REGIST		LURE	,

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR

page 3 er death

attending physician and campletely filled in by the love carbon papers. Pages 1 and 2 shauld be filed with

injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is morked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital ar

ng physiciar

may be

executed within 24 haurs after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02996

d	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	70 9 - 1	0200		
		CEASED NAME	FIRST		MIDDLE	ī	AST	20. DATE OF DEATH		DAY YEAR	26 HOU	IR
d	(1112	Nilson			K.		Dickinson	2/8/79			2:40	OPMM
	3. SEX	<		4. RACE		5 DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER	24 HRS
	F	Female		White		Sept		86	YRS.	MONTHS DAYS	HOURS	MIN.
0		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	III.	
3		/irginia		U.S.	Α.	WIDOWE		Baltimore	County	7,		MD.
1		TY OR TOWN OF DEA OWSON	ТН	11. NAME OF H	HOSPITAL, NURSI HEFACILITY, GIVE STREE 5701 N. (NG HOME C TADDRESS) Charle	s St. 21204	17ª USUAL OCCUPA (TYPE OF WORK FOR MOST Home Ma	OF WORKING LIFE	126. KIND C INDUSTRY Own H		SS OR
1	130 S		136 COUT	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	3		One	
4		aryland	Balt	imore	Towson	n	YES NO X	403 Hill	en Road	d		
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	ı	
		Lucie		M.	King		Henrietta		25.00	Gibson		
1	(Y			MED FORCES? E WAR OR DATES)	166. SOCIAL SEC		17 INFORMANT		RESS			
	N	No			212-74-	7212	Edward H. Di	ckinson W	ashingt	ton,D.C		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	nly one couse per	line for (o), (b), or	nd (c)				BETWEEN	MATE INTER	DEATH
4		PARTI DEATH W	IMMEDIA	TE CAUSE (b)_C	ongestiv	e Hear	rt Failure					
i		0389		DUE TO, O	R AS A CONSEQU	JENCE OF						
		Conditions, if ony,		((b) S	ensis							
		gove rise to imn		DUETO	R AS A CONSEQU	IENCE OF						
		underlying couse	lost.	(6)	N AS A CONSEGR	DETACE OF						
١		PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10	2)	
	ON I											
)	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEAT	H?
	E	21a. ACCIDENT WAS UND	EBIVEIC F	7 21b. TIME O	E INTITION		21c. HOW INJURY OCCURE	YES NOX		S 🗌	NO []
		OR CONTRIBUTING			M. MONTH D	AY YEAR	210.110W HAJORI OCCORP	KED (ENTER NATURE OF IN.	ORT IN HEM 18, PA	ART I OR PART 2)		
1	CA	(IF EITHER, NOTIFY MEDIC				19	AN LOCATION					
	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	51	TATE
		220.1 certify that (1) sow the decease	-	- 10 /-	e deceased from.		79 , 19 and that in (my) (our) opinion		79		that (I) (
		above, (I) (we) (c	did) (did no	ot) view the body	ofter death.			deoin occorred on the	adie and noor	22c. DATE		red
		220. SIGNATURE	. ~	220			DEGREE ATTENDING	MEDICAL ST	AFF			
_		1 Juans	+ lue	1111	nare		PHYSICIAN [DIRECTOR PHYS	ICIAN 💂	2/	8/79	
		22d. PHYSICIAN'S NA					22e ADDRESS					
		Thomas	F. M	oran, M.				N. Charles	St., B	Baltimon	re 21	204
	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	51/	ATE
		Burial		Feb.12	,1979 W	oodlaw	n Cemetery	Woodlawn	. Balt:	imore, M	lary1	and
		NERAL DIRECTOR	1/2		ADDRESS 1	150 Yo		E REC'D. BY REGISTRA	R 256 REGISTI	RAR'S SIGNAT	URRY	
	Ru	ck Towson	Fune	ral Home	e, Inc.	221000	Md He B	3 19/9	Just 1	7	1	

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

10-02591

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STATE OF MARYLAND	ST	ATE	OF	MARY	LAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02999

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	1-02	222
		CEASED NAME FIRST	Lottie H.		Douglas	20. DATE OF DEATH F Februar		1979	26 HOUR
	3 SE	[×] Female	1 RACE White	5. DATE C	ра 189 28 189	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNT		NEVER MARRIED	D - 1 + 1 m/			MD.
0	(TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	rn Ave	R OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)		F BUSINESS OR
F	130. 5	Maryland B	E OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 13t. CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES NO 🔣	13e STREET ADDRESS 6905 Eas	tern	Ave.	21224
3/		Thomas	E. Owi	ngs	15. MOTHER'S MAIDEN N	MIDDLE		Be	ale
1	16a. V	VAS DECEASED EVER IN U.S.	CIVE WAR OR DATEST	74-031	17 INFORMANT 1 Miss Lot	tie V. Dou		6905	Easter Ave.
	NO	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.		QUENCE OF	mellite	OUASCULAR		N IN PART 1(c	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
7	MEDICAL CER	sow the deceased alive	DEATH NER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 FICE, FARM, ETC.) 0m	21t. HOW INJURY OCCU 211 LOCATION STREET d that in (my) (our) opinio	CITY OR TO	νn , 10	COUNTY 9 7 9 7 9	
		22d. PHYSICIAN'S NAME (TYR Dr. Lar:	// -	m)	22e. ADDRESS	MEDICAL STA	IAN []	2-12 d.	2-79
	- (5	BURIAL, CREMATION, REMOV	(AL 23b. DATE 2/13/79	100	METERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltin	ore	Balto	state Mary

DHMH - 16 50M 7/77

BP.

Entombment
24 FUNERAL DIRECTOR Duda-Ruck Inc. (VR A 15 (4))

FOR STATE

7922 Wise Ave Dundalk

23d LOCATION CITY OF TOWN Baltimore

Balto.

Mary land

25 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

79-02999			
	9/1-02		
tomos samenta			don's yadi
amoli Laga Lagach		.Nw. azetale 502	
asia .overbreda = 3 3			Legge den fyrete d
Alora Maria			les emercial
v. nownia, spot iles		LECTURE L	
	111	795 33 5	
		- Selection of the sele	
onlitteren Belto.		1030 1000	anana in Aha.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-0300

IF UNDER I YEAR

INDUSTRY

YES T

COUNTY

Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR STONATURE

22c DATE SIGNED

2-18-79

26 HOUR

12h KIND OF BUSINESS OR

Furlong

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

Md.

Beth. Steel

12:45A M

IF LINDER 24 HPS

REG N

MONTH

2n DATE OF DEATH

- STATE

TYPE OF PRINTS

REGISTRAR

DECEASED NAME

BP DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

	Item 5 per phone v	Vith Funeral Home STATE OF MARYLAND	
	FOR 3/5/79 gj - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	79-03001
1	DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
after death	YPE OR PRINT) ECKMY	1 / 10 //	20. DATE OF DEATH MONTH DAY YEAR 126 HOUR A M
3.	111 153.1	RACE 5. DATE OF BIRTH 1894	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	male	White MAN 25, 1979	84 YRS. MONTHS DAYS HOURS MIN.
75 Po	COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
C Washington		WIDOWED DIVORCED	BAITIMOVE CO. MD.
70	RANdAllstown	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LENOT INSUCH FACILITY, GIVE STREPT ADDRESS) RANDALLS TOWN COMP. CTV.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Traffic Manager Sugar Ref Co.
t be noted	SUAL RESIDENCE OF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
you P	Md BA	136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO P	329 Central Ave.
	FATHER'S NAME	DIE 15 MOTHER'S MAIDEN NA/	ME MIDDLE I / 1
wow.	Charles tr	ederick to Khardt Myrthe	2 ELIZABETH WAITMAN.
Pages	WAS DECEASED EVER IN U.S. ARMEI	IR OR DATES)	11 ADDRESS 329 Central Ave
ė u -	No	212-09-5767 MAVIE E	KhAVdT Glyndon, Md.
ewent, th	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one cause per line for (o) (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE C		TYPIV
nave corb ation, ar r traumatic	1702	DUE TO, OR AS A CONSEQUENCE OF	
trau	Conditions, if ony, which gave rise to immediate	(b) Hovanced Ca VA	Manen
other	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	-10
y, or	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)
injury,			
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Shows			YES NO YES NO
-	00.00.000000000000000000000000000000000	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
d or Item 18 sh	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
AED AED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
morke	AT WORK NOT WHILE AT WORK		
	220.1 certify that (I) (this hospital)		, ta, that (I) (we) lost
21	saw the deceased alive an above, (I) (we) (did) (did not) vi	ew the body after death.	death accurred an the date and haur and from the causes stated
Herr	22b. SIGNATURE	DEGREE	22c DATE SIGNED
<u>=</u>		ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN [2 8-)9
APORTANT: H	22d. PHYSICIAN'S NAME (TYPE OR PRY	AT) 22e ADDRESS	11100111 14
MPORTANT	BABU 1.	300 8811 Liber	4 Wad, Kan tallotown 1102 1/33
₹ 23	BURIAL CREMATION, REMOVAL 2	236. DATE 236. NAME OF CEMETERY OR CREMATORY	Od LOCATION COUNTY STATE
- L	BUVIAL V	Feb. 201979 St. PAULS Cem.	HUCADIA BAlto Wid
/77 24	FUNDRAL DIRECTOR	ADDRESS 1250. DATE	REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATHRE
0.00	Al like Vigna	U (It) INGS Mills WAI I-	B 7.3 19/9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 7.8 No. 03002 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Zo. DATE KNOWN F OF ESTI-DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED 62 YRS DEAD 5 FOR YOU WITHIN Th. CITIZEN OF WHAT COUNTRY? 7e. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED . DIVORCED 3. RETAIN PAGE 5 S SHOULD BE FILED, WILL RECORDS, 301 OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 2012 Invents 12002 OPPERS C USUAL RESIDENCE (IF IN NURSING HOME OP THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO T 2002 OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Nancy Lavenia Seagraves ler 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PAGES 1 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Yes 6-12-3418 Clara H. Eller above WW same as 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c): APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY onex ide Lei mun IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR OR DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A CERTIFICATION Tression OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? JO BURIAL YES E 3 SHOULD BE DEPARTMENT OF PRIOR TO BURIAL 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 4 OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 21005 THE S 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion EXECUTE SHOULD TO FUNERAL DIRECTED AFTER DEATH, WITH TRALITMORE, MARYLAN death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Air Mem. Gardens Air, Harford. Bel Bel Buria. BP. 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Jarrettsville, Md. (VR A15 ME (5)) Kurtz. 15M 7/77

FOR

STATE OF MARYL

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03003

REGISTRAR		2.00		CERTIFI	CATE OF DEATH	REG. N	0.
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	LA	ST 11 Pa-1	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU
	MARI	, ,	Α.	E	NAL		~-14-19 11=
3. SEX	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
Female	0.000	Whit	е	July	22, 1895	83	YRS.
7a. BIRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH
Austri	a	Aust	ria	WIDOWE		BALTINO	RE COUNTY
Baltonio	DEATH 1	A (IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	rother Institution by General	120. USUAL OCCUPAT. (Type of work for most of Housewif	10N 12b. KIND OF BUSINI REWORKING LIFE] INDUSTRY
USUAL RESIDENCE (IF 130. STATE Marylar	13b, COUNT		Ellico	V . 1	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 4971 Bon	nie Branch Rd
14 FATHER'S NAME		HODLE	City		15. MOTHER'S MAIDEN NAME FIRST LUC	WE	Gabauer
Frai			ebrauz	PITY NIO	Louiso 17. INFORMANT	ADDRI	
(YES, NO OR UNKNOWN			THE SOCIAL SECON			C 75 7 7	1
			<u>l</u>		Mrs Edward	C. Kelle	er (as above) APPROXIMATE INTER BETWEEN ONSET AND
PART 2. OTHER 190 DATE OF OP	SIGNIFICANT CO				NOT RELATED TO THE TERM WAS PERFORMED	WAL DISEASE OR CON 200. AUTOPSY?	IDITION GIVEN IN PARV 1(a) 20b. IF YES, WERE FINDINGS USE, IN CERTIFYING CAUSES OF DEAT
						YES NO	YES NO [
21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY / 21d, INJURY OC	CAUSE OF DEAT	21b. TIME O HOUR A. P 21e. PLACE	m, month da m.	Y YEAR	216. HOW INJURY OCCURE		
	T WHILE T	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	wn county s
saw the de abave, (1) (v	t (1) (this hospito eosed alive on_e e) (did) (did nat)	2-11	e deceased from			deoth occurred on the d	ote and hour and from the couses st
22b. SIGNATURE	meli	el 1	Horf	/	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	
50	SNAME (TYPE OR	ul	1 Ho!	vg	Baltiquers	e Cocuty	Seneral Ho
230. BURIAL, CREMATI (SPECIFY) Buria:	ON, REMOVAL	23b. DATE 2/16	,		metery or Crematory . vridge	CITY OR TOWN	Howard Co. MA
24. FUNERAL DIRECTO	R		_ADDRESS ,	3T - 4	21229 250.DAT	E REC'D, BY REGISTRAR	256. REGISTRAR'S GIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 75-03003 . LES Will appropriate the (avecovan) settini ar vincillari A LEADER LAND BEEN THE THE PARTY OF THE PART

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tar, page 3 after death

completely filled in by

attending physician and callave carbanpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

may be

within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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0		0	2	0	0	1.
9	-	11	4	1.1	11	11
		u	1	U	v	T
-			_	-	_	

DECEASED NAME 1851 MODIE MATY Elizabeth England 2 - 26 - 79 5 - 33 J. SEK Mark England L. RACE SLORE OF BRITH October 30, 1997 MARRIED NAME MODIE MARRIED NAME MODIE MARRIED NAME MODIE MARRIED NAME MODIE MARRIED NEVER MARRIED NAME MODIE MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DECIDION MARRIED NEVER MARRIED NAME MODIE MARRIED NO MODIE		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
SEX Mary Control Sex			WIDDLE	LAST		DAY YEAR 26. HOUR
S. SEX	11176		Elizabeth	England	2 -	26-79 5.381
The BRITHPIACE STATE OF ROMEN TO CUTTOR OF WHICH OPERATION TO COUNTY OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF DEATH TO COUNTY OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF TOWN OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF TOWN OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF TOWN OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF TOWN OF DEATH TO COUNTY OF TOWN OF DEATH TO COUNTY OF STREET ADDRESS TO COUNTY OF TOWN OF DEATH TO COUNTY OF TOWN OF T	3. SE	X - O	4 RACE			IF UNDER 1 YEAR IF UNDER 24 H
The BirthPlace State or foreign The Country The Co		Female	White	October 30. 1907	71 vpc	MONTHS DAYS HOURS MI
Rentucky USA		SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		Y OF DEATH
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 LUSIAL OCCUPATION 130 KENDERS 130 COUNTY 130 KENDERS 130 KEN			USA		Baltimore Cou	nty. Maryland
SUSUAL RESIDENCE Phusing of the contrer institution give easoence server admissions 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 423 S. Bentalou Street 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LI	- 10. €	ITY OR TOWN OF DEATH			12a. USUAL OCCUPATION	126 KIND OF BUSINESS
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18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)			*		MIDDLE	
NO 402-12-4868 Mr. William England: Same as # 13 DEFORMATE INTEXT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIB					ADDRESS	
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22b. SIGNATURE 21c. DATE SIGNED			MIPIL	DEGREE		22c. DATE SIGNED
ATTENDING MEDICAL STAFF 2/26/		1 1	1,6)>/10			2/26/9
22d PHYSICIAN'S NAME (TYPE OF PRINT) 122e. ADDRESS SPRT G GROVE HOSPITAL GLOVE		224 PHYSICIAN'S NAME (TYPE C	SO POINT!			I CAN B
				01102		
Lawrence N. D'Elia, M.D. Catonsville, Maryland 21228						1 57550
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE	23a. P	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D, BY REGISTRAR SS. REGISTRA		Durlai)/4/17 ne	HISTEN CEMERETA	Filddlesporo	Bell Kentuck
Mac Nabb Francial Home Catonerille Md 21228 MAR 2 1979		UNERAL DIRECTOR		250. DAT	E REC'D. BY REGISTRAR 256 REGIS	STRAIS SIGNATURE

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Page 4 may be

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requires that the death certificate be signed by the attending physician

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in signed by the attending physician and completely filled in by the funeral director. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 haufts add

certificate has bee

TO FUNERAL DIRECTOR After this

STATE OF MARYLAND

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5	1.	FOR - STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO	7	9 - 03	1005
A		CEASED NAME FIRST	WIDDLE	- 1	AST			AY YEAR	2b. HOUR
		Isabe			ENSOR	February		1979	
	3 SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		emale	White	Apr	il 10, 1892		YRS.		
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35	13a S	STATE 136 COUR	rother institution, give residence before NTY 13c CITY OR TOW 2120	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 5 Sonacha	an Co	urt	
1 00		ATHER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NO	ME		IAS	Ţ
30		lliam J	ames Nicol		Annie			rtholo	
	P		C 14/40 00 0 + 25501		17 INFORMANT	ADDRE		21204	ł
	No)	\$12-03-0	0924I	William W.	Ensor 5 S	onac	han Co	ourt MATE INTERVAL ONSET AND DEATH
s:	z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVI	EN IN PART 10	0
9	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM T8, PA	ART I OR PART 2)	
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		220-1 certify that (1) (this hospi	ital) of tended the deceased from		nd that in (my) (aur) opiniar				that (I) (we) la
	į	22b. SIGNATURE	122		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
1		224 PHYSICIAN'S NAME (TYPE OF	ern, M.D.		28 Ridge		687-	4400	
	230. B	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c N		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH-16 20M (VRA 15, 4) 7/78

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256 DATE REC'D. BY REGISTRAR 25b. REG 24. FUNERAL DIRECTOR
NAME
William E ADDRESS Loch .FEB 2 Johnson 8521 Raven

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(VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03007

		REGISTRAR				CERTIF	ICATE OF DEATH.	REG. N	10.	, 00	00.
	I. DE	CEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(ITPE	OR PRINT)	Hazel	L		EVANS	S	February	10.1	1979	1:35P M
	3. SE	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Fε	emale		White		Feb	8, 1896	83	YRS.	MONTHS DAYS	HOURS MIN
01	7o. BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 1	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
1/		lionis		U.S.A	•	WIDOWE	3.5	Baltimor	e Cor	intv.	MD
	10. CI	TY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
2	To	wson	- /		xview (Housewif		HOM (
A	13a. S	AL RESIDENCE (* TATE TYLAND	13b. COUN	other institution,	GIVE RESIDENCE BEFO 13c. CITY OR TOV 21204		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 23 Ruxvi		nun+	
~	_	THER'S NAME	Dar	THIOTE	21204		YES NO 🔼		ew Co	Juli	
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		AS DECEASED E		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		
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		PARTI DEA		E CAUSE (o)	10 cu	10	M. LNFAI	ration		140	Netes
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^	AT	190 DATE OF OP					N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
4	CERTIFICAT							YES NO		FYING CAUSES	NO
9	e e	21a. ACCIDENT WA	_	110110 1	FINJURY M. MONTH (DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18,	PART 1 OR PART 2)	
7	₹.		CAUSE OF DEA MEDICAL EXAMINER)	TH HOOK A.		19					
	MEDICAL	21d INJURY OC	CURRED	210 PLACE (OF INJURY IEET, FACTORY, OFFICE,	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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			ot (I) (this hospit ceosed olive an	600	deceased from.	70	nd that in (my) (aux) apinion	dooth occurred on the	lata and ha	,	that (I) (we) lost
		obove, (I) (a 22b. SIGNATURI	ve) (did) (d id-ne i) view the body	after death.		DEGREE	deoin occurred bil the c	ote ona not	22c DATE	
		M	wall	2/	4.0.		ATTENDING	MEDICAL STA		2-	-12-79
,		22d. PHYSICIAN					22e. ADDRESS				-/-
1		S.J.	Venabl	e, Ir.	, M.D.		7215 Yor	k Road 8	23-31	103	
		URIAL, CREMATI	ON, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		rematio	n	Feb.1	2. 79 We	STV16	ew Mem. Pk.	Baltimo	re Co	unty.	Md

ADDRESS Loch

Johnson 8521

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR
William H

nding physicion ond camplerely filled in by the funerold corbonpopers. Pages 1 and 2 should be filed within 72 h, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 After this certificate has been signed by the attending physician should be detoched for use os the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR:

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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IMPORTANT: If hem 21 is morked or hem 18 shows ony

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-03008

	REGISTRAR			REG. NO	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	Stephen	S	Faraino	February	3,1979
3 5	SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	
	Male	White	March 26,1906	72	YRS. DAYS HOURS MIN
9.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF	COUNTY OF DEATH
	Marvland	U. S.A	WIDOWED DIVORCED		re County M
10	CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
	Eddemere	1000	ny Lane	Shoe Make	
US 13d	SUAL RESIDENCE (IF NURSING HOME O 1) STATE 136 COU!	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		
		timore Edge	WEE []	4331 Bun	ny Lane
	FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
	Samuel	S Farain	o Angelina	WIDDLE	Guercio
60	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI		ADDRES	SS
	Yes, no or unknown) (IF Yes, GIV	11 213_0	9-1897 Mrs Mary	Tagleon	Come
=				Laskey	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) ED BY.	your of the lu	MA	1 10 -
	IMMEDIA	TE CAUSE (o)	Colvina of the	· · ·	4- 10 MOS
	11.79	DUE TO, OR AS A CONSE	OUENCE OF		
	Constant of	/	SOLINCE OF		
	Conditions, if any, which	(b)			
	gave rise to immediate cause (a), stating the	SUF TO OB 15 1 CONES	OUTNIES OF		
	underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		
		(c)			
ı		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	TION GIVEN IN PART 1(a)
CERTIFICATION					
CA7	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TIF	None			YES NO.	YES NO
CER	210. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
U					
0	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOW	N COUNTY STATE
MEDI	AT WORK AT WORK	AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	2/31/20	N COUNTY STATE
MEDICAL	220.1 certify tha (1) this hosp	ital) attended the deceased fro	ICE, FARM, ETC.)	2/3/7	, 19, that (I) we lo
MEDI	220.1 certify tha (1) this hosp saw the (leceosed almost above (1) we) (did (did no	ital) attended the deceased fro	m 3 7 8 , 19 , ond that in my (our) opini	2/3/7	, 19, that (I) we lote and hour and from the causes stated
MEDI	220.1 certify tha (1) this hosp	ital) attended the deceased fro	PEGREE 211 LOCATION STREET , 19 DEGREE ATTENDING	an death occurred on the do	te and hour and from the causes stated
MEDI	22a. I certify the (II) this hosp saw the deceased almost abave (II) we) (did (did no 22b. SIGNATURE)	ital) attended the deceased fro	DE GREE 21f LOCATION STREET , 19 DE GREE ATTENDING PHYSICIAN	an death occurred on the do	te and hour and from the causes stated
MEDI	22a. I certify the (II) this hosp saw the deceased always obave (II) we) (did (did no 22b. SIGNATURE)	ital) attended the deceased fro	PEGREE ATTENDING PHYSICIAN 21f LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN	an death occurred on the da	te and hour and from the causes stated 22c. DATE SIGNED FLAN
	22d. PHYSICIAN'S NAME (TYPE C Bernard J	ital) attended the deceosed from view the bady ofter death. Yukaa M. D.	211 LOCATION STREET m 3 7 8 7 19 9 , ond that in (my) (our) opini DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 404 Bowle	on death occurred on the do	te and hour and from the causes stated
	22a. I certify the (II) this hosp saw the deceosed always above (II) we I did (idid as 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE C BERNATURE) BERNATURE 3. BURIAL, CREMATION, REMOVAL	ital) attended the deceosed from view the bady ofter death. Yukaa M. D.	211 LOCATION STREET 19 19 10 10 11 11 11 12 12 12 12 12	on death occurred on the do	te and hour and from the causes stated 27c. DATE SIGNED FIAN
? 30	22d. PHYSICIAN'S NAME (TYPE C Bernard J	ital) attended the deceased from the bady offer death. July and the bady offer death. Yukaa M. D.	DEGREE ATTENDING PHYSICIAN 121. LOCATION STREET 19	on death occurred on the do	te and hour and from the causes stated 22c. DATE SIGNED FLAN

Duda-Ruck Inc Baltimore, Maryland

FEB 7

FOR - STATE

tor, page 3 after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed wit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

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within 24

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-0300	9	
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	REGISTRAR				CEICITI	ICATE OF DEA		REG.	NO			
I. DE	CEASED NAME	FIRST		MIDDLE	Į.	AST		20. DATE OF DEATH	MONTH	DAY Y	YEAR	26. HOUR
(TIPE		ather	aino	T	E o m	uson		Water and		1970	2	200
3 SE			RACE		S. DATE C	F BIRTH		Februar	MTHDAY)	IF UNDER		IF UNDER 24
F	Temale		Whit	е	MONTH	19	24	54	YRS		CAYS	HOURS
	IRTHPLACE ISTATE OR FOR	REIGN 76		WHAT COUNTRY?	8			9. BALTIMORE CITY			ATH	
	daryland		USA		WIDOWE	NEVER MAI	RCED					
-	ITY OR TOWN OF DEAT	Н 11.		HOSPITAL, NURSIN	G HOME C			Baltim 120 USUAL OCCUPA	TION	Coun	(IMD O	F BUSINESS
De	ossville	,	-	the Saus	_	Ineni ta	7	Housewife		no 94		akin
ÚSŲ.	AL RESIDENCE (IF NURSIN	IG HOME OR OTH	ER INSTITUTION			103jit va	-A-	HOUSEWII		1120	men	IGNAIL
		Balti:		Cingsvi		13d. INSIDE CITY		13e. STREET ADDRESS 9955 Be1		Road		
	ATHER'S NAME	Jar CTI	mor e	THES VI.	тте	YES NOTHER'S M	AIDEN NAA		all	Road		
	FIRST	MIDD	DLE	LAST		FIRS	т	WIDDLE			LAST	
14- 1	James WAS DECEASED EVER IN	LILC ADARS	D FORCECO	Flowe:		17 INFORMANT	ances	S ADD	DECC		51	iple
100 (YES, NO OR UNKNOWN)	(IF YES, GIVE WA										
	No			216-24-	3374	Milton	E. I	Perguson	995	5 Be	lai	r Ro
	18 CAUSE OF DEATH	Enter only o	ine cause per	line for (a), (b), and	d (c)					BE	APPROXIA	NATE INTERVAL
	PART I. DEATH WAS CAUSE (d) Cardio-Pulmonary Arrest											
	1919 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b) Astrocytoma									-		
	gove rise to imme		· · · / amount									
			DUE TO O	BAS A CONSTOLIS	2							
	couse (a), stating	the	DUE TO, O	r as a conseque	2							
	couse (a), stating underlying cause	the last	(c)		NCE OF		THE TERM	INAL DISEASE OR CO	NDITION C	SIVEN IN P.	ART 1(a	1
NO	cause (a), stating	the last	(c)		NCE OF		THE TERM	INAL DISEASE OR CO	NDITION C	GIVEN IN P.	ART 1(a	1
ATION	couse (a), stating underlying cause	the last	(c) NDITIONS <u>CC</u>		NCE OF	NOT RELATED TO		INAL DISEASE OR CO	20b. IF Y	res, were	FINDIN	GS USED
IFICATION	cause (a), stating underlying cause PART 2. OTHER SIGNII	the last	(c) NDITIONS <u>CC</u>	ONTRIBUTING TO D	NCE OF	NOT RELATED TO		200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING C	FINDIN	GS USED OF DEATH?
ERTIFICATION	Cause 101, stating underlying cause PART 2. OTHER SIGNII 190 DATE OF OPERATION	the last	(c) NDITIONS <u>CC</u>	ONTRIBUTING TO D	NCE OF	NOT RELATED TO	ED	200 AUTOPSY? YES NO	20b. IF Y	YES, WERE TIFYING CA	FINDIN AUSES	GS USED
N CERTIFICATION	Cause 1a1, stating underlying cause PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLOWN CONTRIBUTING CA	the last. FICANT CON ON RLYING AUSE OF DEATH	19b. COND 21b. TIME O HOUR A.	DNTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	DEATH BUT OPERATION	NOT RELATED TO	ED	200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING CA	FINDIN AUSES	GS USED OF DEATH?
	COUSE 10., stating underlying couse PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL	the last. FICANT CON ON RLYING AUSE OF DEATH LEXAMINER)	19b. COND 19b. TIME O HOUR A. P.	DNTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	DEATH BUT	NOT RELATED TO N WAS PERFORM	ED	200 AUTOPSY? YES NO	20b. IF Y	YES, WERE TIFYING CA	FINDIN AUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	COUSE 10. Stating Underlying COUSE PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 216. INJURY OCCURRE	THE JOST. FICANT CON ON RLYING LUSE OF DEATH LEXAMINER) D	19b. COND 21b. TIME O HOUR A. P. 21e. PLACE	DNTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	NOT RELATED TO	ED	200 AUTOPSY? YES NO	20b. IF Y IN CER	YES, WERE TIFYING CA	FINDIN AUSES (GS USED OF DEATH?
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	COUSE 10., stating underlying cause PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 22a.1 certify that (1) (2)	THE JOST. IFICANT CON ON RELYING USE OF DEATH EXAMINER D LE LE this hospital)	19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STE	DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO N WAS PERFORM 21c. HOW INJUI 21f. LOCATION STREET	ED RY OCCURR	200 AUTOPSY? YES NO ENTER NATURE OF IN	20b. IF Y IN CER	YES, WERE TIFYING CA YES (1) 8, PART 1 OR PA COUN	FINDIN AUSES (ART 2)	GS USED OF DEATH? NO
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	PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220. I certify that (1) (2) sow the deceased above, (1) (we) I die	THE JOST. IFICANT CON ON RELYING USE OF DEATH EXAMINER D LE LE this hospital)	19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STE	DNTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJUING THE PROPERTY 26 difficulty (my) (our DEGREE ATTE	RY OCCURR	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the	20b. IF Y IN CER	YES, WERE TIFYING C. YES	FINDINAUSES (ART 2)	GS USED OF DEATH? NO STATE hat (I) (we)
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MEDICAL	COUSE 10. Stating Underlying cause PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK 220. I certify that (I) (1) sow the deceased above, (I) (we) I die 22b. SIGNATURE 22d. PHYSICIAN'S NAA Kal	THE JOST. FICANT CON ON REVING AUSE OF DEATH EXAMINER This hospital) A clive on di (did ng) vi ME (TIPE OR PRI	19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STE When Body The Dody	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. of deceased from J office worth.	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO N WAS PERFORM 21c. HOW INJUI 21f. LOCATION STREET CTY 26 d that in (my) (out DEGREE ATTI 22c. ADDRESS 9000	is 79 in opinion of skilan [200 AUTOPSY? YES NO CITY OR TO TO FEBRUA death occurred on the MEDICAL ST DIRECTOR PHYS	20b. IF Y IN CER III	COUNTY OF THE PROPERTY OF T	ART 2) ART 2) ART 2) ART 2) ART 2	GS USED OF DEATH? NO STATE STATE COUSES STATE
WEDICAL 230 E	PART 2. OTHER SIGNII 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE WHILE WHILE WHILE WHILE WHILE WHILE WHILE SOW the deceased above, (1) (we) Idic 22b. SIGNATURE	FICANT CON RELYING TABLES OF DEATH EXAMINER D Ithis hospitol) Ithis hospitol Ithis hospitol The condition of the condi	19b. COND 19b. COND 21b. TIME O HOUR A. Place (AT HOME, STE ottended th For the body The Day In the body	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. OTHER WORTH 133C. N	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJUING THE PHY COLUMN TELESTER TO THE PHY COLUMN TELEST	is 79 in opinion of skilan [200 AUTOPSY? YES NO CITY OR TO TO FOBTUM AEDICAL ST DIRECTOR PHYS Klin Squ 236 LOCATION COTY OR TOWN	20b. IF Y IN CER URY IN ITEM 1: DWN AFF ICIAN A	COUNTY	FINDIN AUSES (ART 2) ART 2) ART 2) DATE DATE	GS USED OF DEATH? NO STATE couses state SIGNED

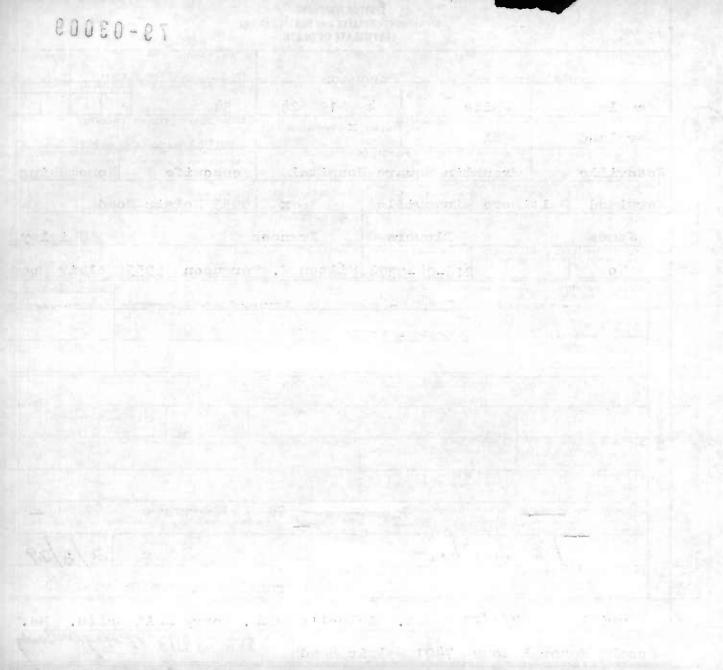
Belair Road

7401

DHMH-16 50M 7/77 (VR A 15 (4))

Funeral Home

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STATE OF MARYLAND

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executed within 24 hours afte

requires that the death certificate be

ITENDING PHYSICIAN: The

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TO HOSPITAL

N	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGI	ENE REG. NO.	79	- 0 3	3011
J.		CEASED NAME OR PRINT)	FIRST		AIDDLE	(.	AST	П	20 DATE OF DEATH MON		YEAR	2b. HOUR
1	(,,,,,	- OK PRINT)	Flor	a Wh	nite	FII	BERT		February 1	13, 19	79	10 Am
-	3. SE		·	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY) IF UND	ER I YEAR	IF UNDER 24 HRS
		Female		Whi		Feb.	11, 1962		(7	YRS.		
35	M	RTHPLACE (STATE OR FO OUNTRY) aryland		US		WIDOWE			Baltimore City or Co			MD.
O O O		lkridge		(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	I.	126. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Homemaker	RKING LIFE) IN	DUSTRY	Home
most be		AT RESIDENCE (* NURS		imore		IA	13d. INSIDE CITY LIMITS		13. STREET ADDRESS 6013 Hunt	Ridge)	
Dine		THER'S NAME		IDDLE	Estate	98	15 MOTHER'S MAIDEN					
23		Timbrook		Whi			Beulah	1	WIDDLE	For	ed IAS	
dicol		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
e a		No					Mr. John	H	. Filbert	Ocear	ı Ci	ty, Md.
sumotic event, the medica	:	410 - Conditions, if any,	AS CAUSEĎ IMMEDIATE which	BY: CAUSE (o)	R AS A CONSTOUR	ule	hear	1	attock		2 G	MATE INTERVAL DISET AND DEATH
injury, ar other traumatic		gave rise to imm couse (a), stating underlying couse	lediate g the lost	DUE TO, OR	AS A CONSEQUE	NCE OF	1					
unjouy,	NO				T	90	effense	PRAIN	NAL DISEASE OR CONDITION			
Aug 2	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	PERATIO	N WAS PERFORMED		200 AUTOPSY? 200 IN	LIF YES, WER CERTIFYING YES [E FINDIN CAUSES	NGS USED OF DEATH? NO
9 m 18 st		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY OCC	CURRE	ED (ENTER NATURE OF INJURY IN I	TEM 18, PART I OI	R PART 2)	
rkedorh	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e PLACE C		ARM, ETC.)	21F LOCATION STREET	γ_{ℓ}	(CITY OR FOWN	co	UNTY	STATE
21 is ma		276 I certify that (I) saw the decease goode, (I) (web)	d store so	X 7	10th -101	1-1	d that in (my) (aux) opin	17	eath occurred on the date o	nd hour and i	/	that (1) (we)-last causes stated
MPORTANT. If hem 21 is marked at hem 18 shows		22b. SIGNATURE	DI A	7 X	Elfre	-A	DEGREE ATTENDING	N M	MEDICAL STAFF DIRECTOR PHYSICIAN		2c. DATE	signed 79
PORTA		Dr. Wil			lfrich.	M.D.	5006 Ro	la	nd Ave. B	alto.	Md	
≦	23a E	BURIAL, CREMATION, I		236. DATE			EMETERY OR CREMATO		23d LOCATION CITY OR TOWN	COUNT		STATE
_		Burial		2/15/			Park		Baltimore	City		Md .
MOS		INERAL DIRECTOR H			nkins, &				REC'D. BY REGISTRAR 256.	REGISTRAR'S		LIRE
7/7B	49	905 York	Road	Balt	o., Md.	21	212	EB	19/9	corry,	7.40	ready

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

79-03012 WILBUR B FLOWERS 2-13 79 600 2-13 79 7 Gastro-interstund Blecking Congentine cardine Failung 4.5. AHLUNALIA 2112, Mallah Bili 2122 THE STATE SECTION OF THE THE RESERVE OF STREET

Ruck Towson Funeral Home, Inc. Towson, Md.

(VRA 15(4))

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

medical examiner must be notified at once

	FOR	
	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03014

9	1 -	STATE REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.	3	000		
		ORPRINT) Margar		rie	Fol	an		2a DATE O	FDEATH MON	14/7°	IF UNDER I YEAR IF UNDER 24 HRS. WANTHS DAYS HOURS MIN. UNITY OF DEATH COUNTY MAD. 12b KIND OF BUSINESS OR INDUSTRY HOSPITAL 1ck Ave. LAST Roebuck SICK Avenue, 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE COUNTY STATE MIN. MIN. WAD. 12b KIND OF BUSINESS OR INDUSTRY HOSPITAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WAS APPROXIMATE INTERVAL IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE- TO UNITY STATE- TO UNIT		
	3 SEX	F	4 RACE		5. DATE C		115	6		YRS.	NTHS DAYS		
5	, cc	RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE	DOC D	MARRIED	Balt:	Lmore		ty		
0	Ca	tonsville	St. J	OSPITAL, NURSIN HEACILITY, GIVE STREET DSOPH'S	Nurs			(TYPF OF WOR	OCCUPATION K FOO MOST OF WO 1. Maid-		INDUSTRY		
1	'13a S	MD 135 COUR		Catons'	N		МОХ	13+ STREET 4742		rick	Ave.		
2		Harry	MIDDLE	Finnen			S MAIDEN NAMERSTERST	ME	MIDDLE				
)		VAS DECEASED EVER IN U.S. AR (IF YES, GIVE 1100	MED FORCES? (WAR OR DATES)	212-50-2		John		n , 474	2 Frede	rick			
	TION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF	~ an	DEATH) BUT	ano	Vino	40	rele	110			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	YON FOR WHICH	OPERATIO	N WAS PERF	DRMED	YES [CERTIFYIN	NG CAUSES	OF DEATH	?
7	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi sow the deceased alive an aboug. (1) (we) (did) (did no 22b. FIGNATURE	21e PLACE (AT HOME, STR tol), ottended the	M. MONTH D, M. DF INJURY EET, FACTORY, OFFICE, F	19 FARM, ETC.)	21f LOCATI STREET	ON 19 19 19 19 19 19 19 19 19 19 19 19 19	depth occurre	city or town	7, 19.	COUNTY Ind from the country	that (I) (we	e) lost
1		JOSEPH E. MUS	E, JR.,				ST. A ENS & P	THE HE				229	
	(:	DURIAL, CREMATION, REMOVAL BURIAL JNERAL DIRECTOR	23b. DATE 02-17-				EM. PK.	ELK	RIDGE	HOW	ARD	MD,	•

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FEB 16

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within 24 hours ofter

injury, or other troumotic event, the

1	FOR STATE			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE				
	REGISTRAR					ICATE OF DEATH	REG		79-	03	015
	CEASED NAME OR PRINT)	RIVIII	DX ^	FRA		0951	rebruary		L979	YEAR	26. HOU <u>10:22</u> A M
3. SEX + emale Wh:					S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS
76. BIRTHPLACE STATE OR FOREIGN COUNTRY. Ttaly 76. CITIZE				WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT			ATH	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD TOWSON St. Joseph's Ho					(DORESS)		12a USUAL OCCUP (TYPE OF WORK FOR MO: Tailor	ATION ST OF WORKING	12b.	KIND O SUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. STATE 136. COUNTY 137. CITY OR TOWN 138. Baltimore						13d. INSIDE CITY LIMITS?	13e STREET ADDRES	ther	Hkll	Rd.	
14. FA	THER'S NAME Glacin	MIDE	DIE I	Paoli		15. MOTHER'S MAIDEN NA FIRST Victori	MIDDIE			LAS	1
	VAS DECEASED EVER (ES, NO OR UNKNOWN)	N U.S. ARMEI (IF YES, GIVE WA		217-12-6		Mr. Koland		SSi S	ame		
	Conditions, if any, gave rise to imm couse (o), stating underlying couse	AS CAUSED B IMMEDIATE C which rediote g the	DUE TO, OF	arrai	MEE OF	Cicros o	they ar	1257		APPROXI	MATE INTERVAL ONSET AND DEATH
NOI	PART 2 OTHER SIGN	PU E		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOITION	GIVEN IN	PART 16	01
CERTIFICATION	19a DATE OF OPERAT	ЮΝ	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ■	INCER			OF DEATH?
	210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM	18, PART 1 OR	PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE []	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITYOR	town	COL	UNIY	STATE

220.1 certify that (% (this hospital) attended the deceased from sow the deceased alive on papare. No (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED

22e ADDRESS

ATTENDING

MEDICAL

DIRECTOR

incroversat particulus; affecting territicate has been signed by the offending physician and completely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows ony TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Most Holy Redeemer 24 FUNERAL DIRECTOR Leonard J. Ruck Inc.

Gregosa

Baltimore

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23d LOCATION CITY OR TOWN

Baltimore. Maryland

STATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.

STAFF

PHYSICIAN

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STATE OF MARYLAND

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DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

Winkelman 21234 ADDRESS Eleanore S. Fritzges8646 Rock Oak Rd. 5 minutes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (ever) opinian deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR | PHYSICIAN 825-0600 230. BURIAL, CREMATION, REMOVAL BURIAL STATE COUNTY Feb. 5 Baltimore Lake View Mem Co. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tiam E. Johnson 8521 Loch Raven Blv EB 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2.

1979

IF UNDER 1 YEAR

INDUSTRY

Steel

DAYS

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN W MONTH (TYPE OR PRINT) OF ESTI-CHARLES N. FROMM 4 RACE DATE OF BIRTH 6 AGE (IN YEARS 3. SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH PRONOUNCED M White 20 2 07 DEAD YRS 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland USA WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY Catonsville 219 Maiden Choice Lane Expeditor Retired RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Catonsville YES [219 Maiden Choice Lane NO X VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N W. MIDDLE MIDDLE LAST *August LAST FIRST AND OF VIT Fromm Frances Barry FORM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS WITH FC (YES, NO OR UNKNOWN) 214-03-1417 Mrs. Margaret R. Fromm Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) MEDIC CERTIFICATION 19a. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL, C OF YES NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC. STATE WHILE CITY OR TOWN COUNTY STATE D AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE SHALTIMORE, MARYLAND, 21 22a. I certify that Ptaak charge of the remains described above, held an Autopsy Inspection and in my apinian death resolted from Hamicide Undetermined manner SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION AAPUNTY Mariate Glen Burnie 2/28/79 Glen Haven Burial BP FEB 27 1979 24. FUNERAL DIRECTOR 251 REGISTRAR'S SIGNATURE Witzke Funeral Home of Catonsville DHMH · 17 (VR A15 ME (5)) Catonsville, Maryland 1630 Edmondson Avenue 30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN b. HOUR (TYPE OR PRINT) OF ESTI-Mary Gardner Jane DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE ST BIRTHDAY) PRONOUNCED White Aug.23,1921 Feb. 21, 1979 Female DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. USA Baltimore WIDOWED DIVORCED 3 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FORMOST OF WORKING LIFE)

CR INDUSTRY

Employed at Rosewood Center Owings Mills Flemingham Circle USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS TIE Mingham Circle Balto. 30. STATE Owings Mills 13d. INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alice MIDDLE MIDDLE Teal Oliver Hunt OF 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-14-3080 Mr. Vernon W. Gardner Owings Mills, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which REMO gave rise to immediate DIVISION OF VITAL RECORDS, 301 W. cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO A TO BURIA E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURI 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE STATE C NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion TO FUNERAL DIRECTO
AFTER DEATH, WITH THE death resulted from: Accident Homicide Undetermined manner Natural causes JITLE (SPECIF) ACTUAL DATE SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT) 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Feb.24,79 Mt. Zion Cemetery BP. 24. FUNERAL DIRECTOR BY REGISTRAR 1256. REGISTRAR'S SIGNATURE DHMH - 17 Elime Funeral Home Reisterstown, Md. 21136 (VR A15 ME (5)) 30M 7/73

The profession and terms but

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-03020 REG NO DAYS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Housewife 3134 Cornwall Rd Wilhelm Same as 13e

20h. IF YES, WERE FINDINGS LISED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

22c DATE SIGNED 2/8/1979 PHYSICIAN X DIRECTOR PHYSICIAN

23d LOCATION

Gardens of Faith

COUNTY Baltimore

STATE Md.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

Burial

FOR

REGISTRAR

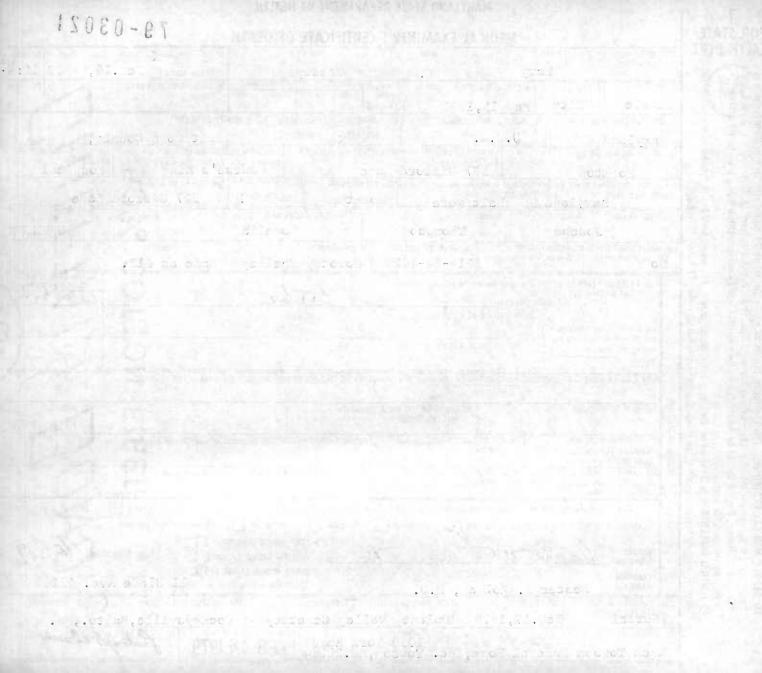
- STATE

Walter Brooks Bradley Inc. Balto., Md.

2/8/1979

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH 79-03021 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2b. HOUR First 20. DATE KNOWN Month (Type or Print) OF ESTI-12: PM Mary Feb. 24. 1979 Geesey DEATH MATED 3. SEX 4. RACE AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR lost birthday) Month Yeor Female. White May 15,1892 86 YRS. Departir To. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with form U.S.A. Maryland WIDOWED * DIVORCED Baltimore County, Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital death. 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 527 Gifford Lane during most of working life, eyen if retired.)
Nurse's Aid INDUSTRY Hospital Monkton 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore YES NO X 527 Gifford Lane Monkton Office Item | 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME Middle ond First pages on hours afte Louella Joseph Thompson UNKNOWN .⊆ Examiner's 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 216-14-4028 Dorothy Shelley Same as #13. APPROXIMATE INTERVA ⊆ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event within This certificate shauld be executed BETWEEN ONSET AND DEAD 301 W. PRESTON permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF the ward any stoting the underlying couse .= farwarded ta DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 3 should be used as a teremation or removal and writing CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO F please execute the certificate, shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... burial, Inspection [Inquiry and in my apinian MEDICAL Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner 0 CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or count) 1 Slade Ave. 21208 NAME (Type) Lester N. Kolman, M.D. 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) (Stote) 0 Burial (Specify) Feb. 27, 1979 Dulaney Valley Cemetery Cockeysville, Baltq., Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) York Road 10M - 1/69 Ruck Towson Funeral Home, Inc. Towson, Md. 21204



BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

STATE	OF A	MARY	LAN
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03022

	REGISTRAR				CERTIFI	CATE OF DEATH	REG. NO		-030	
	ECEASED NAME TE OR PRINT)	FIRST MY RTI		W.	G	ERMAN	20 DATE OF DEATH February	HTMOM	1979	26 HOUR
3. SE	X	1	4 RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24
	Female		W	hite	Aug.	23, 1896	82	YRS.		
C	BIRTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED	Baltimore City o			
10. C	Maryland Tity OR TOWN OF DEA Towson	ATH 1	11. NAME OF H		IG HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Telephone	F WORKING	LIFE) INDUSTRY	OF BUSINES
13a S	JAL RESIDENCE (IF NUR STATE Maryland	136. COUNT		GIVE RESIDENCE BEFORE	N	134. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 548 Alleg	gheny	Avenue	
14 F/	ATHER'S NAME FIRST Harry	L. Cur	ran	LAST		15 MOTHER'S MAIDEN NA/	Kate Cather		Isennoc	k
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE V		216-09-		Mrs. Georgia	ADDRE			heny i
CERTIFICATION	PART 2. OTHER SIG				15-11	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF Y	IVEN IN PART 11 ES, WERE FINDI TIFYING CAUSES	NGS USED
1 =							VEC TI NOKI	1	VEC T	
EDICAL	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT CAL EXAMINER)	P./ 21e PLACE (M. MONTH DA M. DFINJURY	19	21c. HOW INJURY OCCURS 21f. LOCATION STREET	14	RY IN ITEM 18		NO [
	OR CONTRIBUTING (FETHER, NOTIFY MEDIC 27d. INJURY OCCUR WHILE AT WORK AT AT WORK 220. I certify that (I sow the deceosobove, (I) (we) (22b. SIGNATURE	CAUSE OF DEAT CAL EXAMINER) PRED WHILE Onk (this hospite) (this hospite) (did not) WWW	HOUR A.I. P.I. 21e PLACE ((AT HOME, STR) view the body.	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceased from 19	ARM, ETC.)	21f. LOCATION STREET 196 d that in (my) (and) apinion of the control of the cont	CITY OR TOV	VN pate and ha	COUNTY COUNTY Dur and from the	NO
EDICAL	OR CONTRIBUTING (#ETHER, NOTIFY MEDIC 27d. INJURY OCCUR WHITE ATWORK ATWORK 220. I certify that (I sow the deceosobove, (I) (I) (I) (I) (I) (I) 22b. SIGNATURE 22d. PHYSICIAN'S N	CAUSE OF DEAT CAL EXAMINER) WHILE ORK (this hospite sed dive on code) (did not) AME (TYPE OR	HOUR A.I. P.I. 21e PLACE ((AT HOME, STR) view the body: PRINT)	M. MONTH DAM. DF INJURY BET, FACTORY, OFFICE, F e deteosed from 19 6fter death.	ARM, ETC.)	21f LOCATION STREET 196 d that in (my) (and apinion of the physician of	city or tov death occurred an the death occurred PHYSIC DIRECTOR PHYSIC DISTINUTE OF INJURIES CITY OR TOV	VN orte and ha	county Dur and from the 22c. DATE 2/1	stal
WEDICAL 23e	OR CONTRIBUTING (#ETHER, NOTIFY MEDIC 27d. INJURY OCCUR WHITE ATWORK ATWORK 220. I certify that (I sow the deceosobove, (I) (I) (I) (I) (I) (I) 22b. SIGNATURE 22d. PHYSICIAN'S N	CAUSE OF DEAT CAL EXAMINER) RED WHILE (His hospite Sed olive on AME (TYPE OR ddeus REMOVAL	HOUR A.M. P.M. 21e PLACE (AT HOME, STR 1) view the body. PRINT) C. Siwi	M. MONTH DAM. DF INJURY EET, FACTORY, OFFICE, F. e dyteosed from the dyteosed from	ARM, ETC.) ARM, ETC.) On E	21f. LOCATION STREET 196 d that in (my) (max) apinion of the control of the cont	CITY OR TOWN CITY OR TOWN CITY OR TOWN CITY OR TOWN Baltir	vn ore and have land have	county Dur and from the 22c. DATE 2/1	that (1) (we causes start SIGNED 5/79

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STATE OF MARYLAND

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753				SIAI	E OF MAKTLAND			
d	1	FOR	DEPA	RTMENT OF H	EALTH AND MENTAL HYG	IENE		
	l'.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO. 7	0-0307	16
	1. DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. H	OUR
		Charle Charle	es B.	GIL	LET	Feb. 3, 1979		130 M
	3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		DER 2 HRS
		M	W	Jan.	0 4 4 5 5 4	85 YRS		RS MIN
e .		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D 🔀 NEVER MARRIED 🗆	9 BALTIMORE CITY OR COUN		
3,5	Ma	arvland	USA	WIDOWE		Baltimore Co	ounty	MD.
Pa	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C		12a. USUAL OCCUPATION	126. KIND OF BAS	
SOC.		Glyndon	Glyndon .	Md.	(Home)	(TYPE OF WORK FOR MOST OF WORKING	THEFT INDICES BY	
eq.	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)			a. 100p.00	
15 OF	43a. S	Md.	Glynd		13d INSIDE CITY LIMITS?	Glyndon, Md	21071	
1	14 F.A	ATHER'S NAME	1714 10, 019110		15. MOTHER'S MAIDEN NA		, 21071	
W12/		FIRST	MIDDLE LAST	L	FIRST	MIDDLE	LAST	
6.00	_		Gille		Mary	Frances		
medico			VE WAR OR DATES)		17 INFORMANT			
E /	<u> </u>	yes WM	/ I 216-03	3-8124	Mr. Sherloo	k S. Gillet	Same	
ŧ,		18 CAUSE OF DEATH (Enter o	inly one couse per line forto, ib	, ond ici.i			APPROXIMATE IN BETWEEN ONSET A	ITERVAL IND DEATH
, ven		PART I. DEATH WAS CAUS	ATE CAUSE (O)	mana	m clen	201	3-A	20
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other troumo		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF				
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ó CX	₽Ē.					YES NO		
8 9	_	21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)	
le a	Ŋ.	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY	47.455
ked	٤	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	SIRCEI	CITORIOWN	COUNTY	STATE
TO H			pital attended the deceased fro	411	1000	10-15 (5)	10 19 that (l) (we) lost
-2-		sow the deceased alive or	112	101	nd that in (my) (awr) opinion	deoth occurred on the date and h	nour and from the couses	stoted
т 2 J	l	obove, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body ofter death.	1.	DEGREE		22c. DATE SIGNI	
# #		LANIA ON LI	1 20.77	Her		, MEDICAL STAFF	21A	70
=		VIIICELLA	J JIMC	M	THISICIAN	DIRECTOR PHYSICIAN	12/3/	79
PORTANT: If them		22d. PHYSICIAN'S NAME (TYPE			22e. ADDRESS			
Q /		William F.	Fritz, M. D.		2 W. Unive	ersity Pkwy.	Balto., M	d.
≤		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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Henry W. Jenkins Sons Co.

Balto., Md.

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			STATE OF MARYLAND	
15	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	25
	1.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	25
Cara Cara		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
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E C C C C C C C C C C C C C C C C C C C	1 55	4 RACE S. DATE OF BIE		19 M
PLE FECT HOURSTR	1		AY YEAR AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH AY YEAR JAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 200HOUR
ON SOUR	1	The will by	4 M (S) YRS. DEAD	19/4 3 M
RHIP RAIL		RTHPLACE (STATE OR REIGN COUNTRY)	WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 5 FOR YOUR FILES. W. PRESTON STREET,	1	V.VA USI	WIDOWED DIVORCED DI Avallo	445
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H. H.	14. F.	THER'S NAME	15. MOTHER'S MAIDEN NAME	
AND SATH.		WM. GILLS	FIRST DAVIS	LAST
MORE, FTER DE. FORM POR STORY ON ON ON	160 \	AS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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BALTIMORE, MD. 2 URS AFTER DEATH I URS AFTER DEA		INK	236 16 2239 DOROTHY LILLS F	9BEVE
		18. CAUSE OF DEATH (Enter only one cause p	line far (p), (b), 9, (d) ().)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., HIN 24 HOL HIN 24 HOL IN ITEM 18 SIT PERMIT. HYGIENE, C	186	PART I DEATH WAS CAUSED BY:	ardes Julmonor arrest	mule
ON 124		113G (DUE TO.		
W. PRESTON WITHIN THE ENCIL IN TAINER A TRANSIT ENTAL HYCREMOVAL		Canditians, if any, which	Taraninia Rayon Ahuma	March.
MAN MAN		gave rise to immediate (b)	ermana comon france.	0010
101 W. PRES UTED WITHII N PENCIL IN OR REMOVA		cause (a) stating the <u>under</u> - lying cause last.	OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST CERTFICATE SHOULD BE EXECUTED WITHIN 24 H RITING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERM E DEPARTMENT OF HEALTH AND MENTAL HYGIENE PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(c)		
ALRECORDS, 30 DULD BE EXECU "PENDING" IN "PE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS ILD BE EXI PENDING F MEDIC, ED AS A E HEALTH A REMATIO	N N			
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NO THE OF THE PROPERTY OF THE	S	CONTRIBUTING CAUSE OF DEATH	P.M. 19	
CERTI TING DED T DEPA DEPA PRIOR	MEDICAL	21d. INJURY OCCURRED 21e PLA	CE OF INJURY (ATHOME, 21f. LOCATION FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	
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DIVIS BER: THIS CER ATE, WRITING FORWARDED OR: PAGE 3 S HE STATE DEP D, 21201 PRIO	-			
D. SATER		22a. I certify that I taak charge af the remains	described abave, held an Autapsy, Inspection, Inquiry, and in my apin	ian
EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE	130	death resulted fram Natural causes	Accident, Suicide, Hamicide, Undetermined manner,	
XX DIRE		h() 0	TINE (SPECIFY)	5-5-76
HE HOLD		ACTUAL SIGNATURE	M.D. DOH MEDICAL EXAMINER SIGNED,	2-20-19
SEA SEA		/ T	¥ .	
A SE CONTRACTOR	1	EXAMINER'S NAME SO HAI	C. Hyle 2527 Balun Rel Ball	21236 Mel
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 211	220 B	IRIAL, CREMATION, REMOVAL 236. DATE	ADDRESS	
- M G + 4 8	230.0	PECIFY OF A SEA 2/3 8/4	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	STATE
BP	21	MEMOVAL 72011	9 GRANDVIEW CEM TAZEWELL	V19.
DHMH - 17	24. F	INERAL DIRECTOR NAME ADD	250. DATE REC'D. BY REGISTRAR 256. RED ISTRAR'S SIG	NATURE
(VR A15 ME (5)) 15M 7/77	J	15 CONNELLY	300 MACE 1319 Partry/A	cready

13-03025 Lubert reserve Gricks SCHOOL THE mile white is in a comment Marking & Mark sometimens of the expenses the The locks some was so feel made ? CANADA TARRA Children may come Leavening Carrier of Linns Africa type of the same of the MARKER STANK OF HOLDER STANKE STANKE STANKE (STANKE) the Maria Series Commenced to the second the second second

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ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-03027

2b. HOUR

IF UNDER 24 HRS

STATE

MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BMY

BP. DHMH - 16 \$0M 7/77 (VR A 15 (4)) FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-03029

	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST ELEAN	OR L	4	REENE	20. DATE OF DEATH	2 2	Y YEAR 79	26. HOUR 2 AM
3. SI	female !	1 RACE white	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE STATEORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTE	RY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	timo.		Countino
10.C	ANDA//Stown	11. NAME OF HOSPITAL, NUR CHAPE HILL	RSING HOME C		12a USUAL OCCUPAT (TYPE OF WORK, FOR MOST O	ON F WORKING LIFE)	126. KIND (OF BUSINESS OR
5 13a.	JAL RESIDENCE (IF NURSING HOME OR STATE MD Car	OTHER INSTITUTION, GIVE RESIDENCE BE ITY 13c. CITY OR TO		13d. INSIDE CITY LIMITS? YES NOXE		atersi	ille	RD.
20	John /	Layman Layman		15 MOTHER'S MAIDEN NAME FORST	ME MIDDLE		Le	tt
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SI WAR OR DATES)	ECURITY NO. 4-7631	Martha Lemmo	on, Mt.Ajr		21771	
	18 CAUSE OF DEATH (Enter online PART). DEATH WAS CAUSED IMMEDIAT	ly one couse per line for (0), (b), D BY: E CAUSE (0)	MONI	A			APPRO) BETWEEN	(IMATE INTERVAL ONSET AND DEATH
>	486 - Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF					
	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF			13 1		
NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
CERTIFICATION	190 DATE OF OPERATION	96. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FIND I	NGS USED S OF DEATH?
11	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	214 LOCATION STREET	CITY OR FO	VN	COUNTY	STATE
	220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (se) (did) (did) hat	2-20 1	Smith City	d that in (my) (our) opinion	, to	ote and haur		that (I) (we) last causes stated
	22b. SIGNATURE CALL	asallyule	MA	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	H-79
/	APDRES E	DUARDO LEAN	(BOA, HD	9816 CLAN	FORD Rd. RI	ANDALLS	Toan	7/133
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Feb. 23, 1979		ings Chapel	23d LOCATION CITYORTOWN Florence	How	ounty	STATE
24 1	FUNERAL DIRECTOR	lesworth, Dame		25a. QAI	E REC'D, BY REGISTRAR			

79-03029			
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE OF DEATH 7b. HOUR TYPE OR PRINT S. 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS xxxxx 60 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HOUSEWITE WORKING LIFE) INDUSTRY W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OVE RESIDENCE BEFORE ADMISSION) 1020 Cameron Rd. T30 STATE NM 1136 COUNTY 134 RISIDE CITY LIMITS? 13c CITY OR TOWN YES T alto NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Smith Sarah MIDDLE Robert Coburn ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) R. Johanson 35 Bradbury Rd no John APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. a CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO ntal Hygi 18 sh 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 Mer 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in my) (aur) apinian death accurred on the date and haur and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED = ATTENDING STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICHAN'S NAME TTYPE OR PRINTS 22e. ADDRESS 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 73b. DATE (SPECIFY) COUNTY STATE BP Burial Moreland Mem. Baltimore. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Leonard J. Ruck Inc. Baltimore. Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 79-03033 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH TYPE OR PRINT) EST I-**BLANCH** GROSS ANN DEATH MATED 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) MONTHS Female White Nov. 14, 1909 69 DEAD IN BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County US WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1104 Newfield Road Woodlawn BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Woodlawn NOVY 1104 Newfield Rd. VITAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE LAST AND OF VIT John Rush Anna Moore 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21207 DIVISION WITH FO YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-30-1921A William E. Gross, 1104 Newfield Rd. no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES 🗍 NO [3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE NOT WHILE STATE I AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion MARYLAND, Homicide Undetermined monner PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, '
BALTIMORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY Baltimore. Burial Loudon Park Cemetery BP. 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Mars. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5)) Witzke Funeral Home of Catonsville.P.A. 21228 30M 7/73

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D	3-03	
		CEASED NAME OR PRINT) HEI	FIRST	A	WIDDFE		RUBERT		OF DEATH A		1979	2b. HOUR 1:30
	3. SE	x Female	4	RACE White	e	5. DATE C		6. AGE (II	YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HI HOURS MIN
109		RTHPLACE ISTATE OR FOR OUNTRY) N. Y.	REIGN 7	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED X		ORE CITY OF	R COUNTY		
58		WOSON	rh 1		HOSPITAL, NURSIN		TTAL	(TYPE OF W	OCCUPATION OF Sect		E) INDUSTRY	of BUSINESS unicat:
35	USU. 13 _{0.}	AL RESIDENCE (IF NURSINGTATE Md.	136 COUNT Bal	Y	GIVE RESIDENCE BEFORE 13c CITY OR TOW Parkvil	N	13d. INSIDE CITY LIMITS? YES NOX	22 (T ADDRESS	ler Rd	1.	
13		ATHER'S NAME FIRST Mates		DOLE	LAST Grubert		15. MOTHER'S MAIDEN N FIRST Amelia		WIDDLE		trott	s r
1		VAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARM (IF YES, GIVE V		212 07		Howard F.	Wiedey	4003 G			Rd.
		Conditions, it any, gove rise to imme cause (a), stating underlying cause	ediote the)	R'I'ERIOS (Pras a conseque		TIC CARDIC	VASCU	LAR D	ISEA	SE	
	NOI		IFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR COND			
2	TIFICATION						N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES IN CERTIF YE	5, WERE FINDING CAUSES	NGS USED
29	NCAL CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING (IF EITHER, NOTIFY MEDICA)	ERLYING AUSE OF DEATH	19b COND 21b. TIME C HOUR A.	OF INJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES IN CERTIF YE	5, WERE FINDING CAUSES	NGS USED OF DEATH?
29	MEDICAL CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C	ERLYING AUSE OF DEATH	19b COND 21b. TIME C HOUR A. P. 21e. PLACE	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED	200 AU	NATURE OF INJURY	20b. IF YES IN CERTIF YE Y IN ITEM 18, P	5, WERE FINDING CAUSES	NGS USED OF DEATH? NO
2	_	PART 2. OTHER SIGN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CITY (IF EITHER, NOTHEY MEDICAL 21d. INJURY OCCURRI WHILE NOTHEY MEDICAL AT WORK AT WORK 22a. I certify that ACCURRI Sow the decease obove, (If we'll id.)	ERLYING AUSE OF DEATH L EXAMINER) ED LLE LE LLE LLE LLE LLE LLE LLE LLE L	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST	OF INJURY M. MONTH D.A. OF INJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.) PEB , ar	216. HOW INJURY OCCL 216 LOCATION STREET 25 19 70 d that in (mx (our) apinio	200 AU YES	NATURE OF INJURY	20b. IF YES IN CERTIF YE YEN ITEM 18. P	county	NGS USED OF DEATH? NO STATE
	_	PART 2. OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE AT WORK AT WORK Sow the decessed obove, (Litture) (di 22b. SIGNATURE	ERLYING AUSE OF DEATH	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST View the body	OF INJURY M. MONTH D.A. OF INJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.) PEB , ar	21t. HOW INJURY OCCL 21t LOCATION STREET 25 , 19 70 d that in (mx (our) apinio	200 AU YES	NATURE OF INJURY CITY OR TOW Tred on the do	20b. IF YES IN CERTIFY YE YIN ITEM 18. P	s, WERE FINDING CAUSES S CART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
29	MEDICAL	PART 2. OTHER SIGN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CITY (IF EITHER, NOTHEY MEDICAL 21d. INJURY OCCURRI WHILE NOTHEY MEDICAL AT WORK AT WORK 22a. I certify that ACCURRI Sow the decease obove, (If we'll id.)	ERLYING AUSE OF DEATH LEXAMINER) ED This hospito d of local Act d) (order Act ME (TYPE OR IN	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST View the bady	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from Ofter death. ACANTO	OPERATION AY YEAR 19 ARM, ETC.) FEB OFFICE OF THE BOOK OF THE	21c. HOW INJURY OCCU	Z00 AL YES YES IRRED (ENTER n deoth occu DIRECTO	NATURE OF INJURY CITY OR TOW Feb rred on the do	20b. IF YES IN CERTIF YE YIN ITEM 18. P	county	NGS USED OF DEATH? NO STATE thory) (we causes state

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CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Muriel J. Hadaway February 27. 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 4 RACE 3 SEX Dec. 20° 188 90 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Canada United Svates WIDOWEDK DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville Summitt Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3034 Brookwood Rd 136 COUNTY 13d INSIDE CITY LIMITS? 130. STATE 13c. CITY OR TOWN Maryland YES X Howard Ellicott Cit: 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Thora Bishop John N Mau Pole 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Dorothy L. Chanev Ellicott City No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Nephrosclerosis IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosclerotic cardiovascular disease years Conditions, if ony, which apve rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, Organic brain syndrome, coronary insufficiency CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a, DATE OF OPERATION 214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Hern 18 s MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE AT WORK repruary 22c.1 certify that (I) 66.2 Mark & Attended the deceased from sow the deceased alive on February 27 and obove, (I) (Mark Mark) (did not) view the body after death. and that in (my) toor) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN M.D. be deto 22e. ADDRESS 1811 North Rolling Road. 27 PHYSICIAN'S NAME LIVE OF PRINTY d b Woodlawn, Md. 21207 Millard T. Traband 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Chestertown, Md. Chester Cemetery Buria1 250. DATE REC'D. BY REGISTRAR 25b. RESTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Chestertown

Md.

- STATE

DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03036 2b. HOUR 1:50P M IF UNDER 24 HRS IF UNDER LYEAR HOURS Baltimere County 12b. KIND OF BUSINESS OR INDUSTRY LAST 3024 Brookwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH months 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [STATE COUNTY 22c. DATE SIGNED 2/28/79 STATE

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Ruck Towson Funeral Home, Inc. Towson, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 20M

(VRA 15, 4) 7/78

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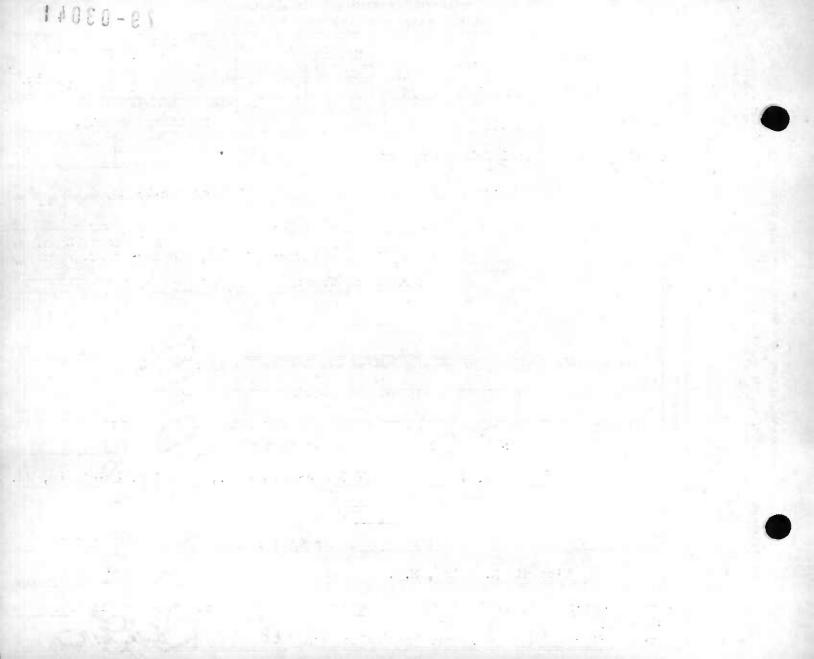
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STATE OF MARYLAND FOR' DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TH (TYPE OR PRINT) OF ESTI-AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR.

AGE 5 FOR YOUR FILES.
FILED, WITHIN 72 HOURS
301 W. PRESTON STREET, DEATH MATED 3. SEX S. DAT 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED bruary 2819 DEAD YRS emal Th. CITIZEN OF WHAT COUNTED 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Baltimore County PAGE 5 E FILED, ID. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY ILITY, GALLET ADDRESS) BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 13d INSIDE CITY LIMITS? VITAL REC 14. FATHER'S NAME P.W PAGES 1 AND DIVISION OF VIT FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per life for (a), (b), and APPROXIMATE INTERVAL BETWEEN ONES AND DEATH SED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: ALONG IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **EXAMINER** Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 10 E USED AS A I CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CHIEF BURIAL, 3 SHOULD BE DEPARTMENT C NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 19 PRIOR 21d. INJURY OCCURRED 211. LOCATION FORWARDED 21e. PLACE OF INJURY (AT HOME, AT WORK AT WORLE 212011 PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE SPECIFY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland SPECIFY Bnai Israel March 2,79 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. AGGISTRAR'S PIGNATURE **DHMH - 17** (VR A15 ME (5)) Sol Levinson & Bros., Inc., 6010 Reisterstown 30M 7/73



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03042 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 1. DECEASED NAME 2a DATE OF DEATH HINOM (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) To BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY) Rhode Island DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Catonsville Gov't MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MARY LAN 136 COUNTY 13d. INSIDE CITY LIMITS? Harford SNAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Aberdeen. Maryland (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Air W.Bel Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for io), (by, and) PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost DIVISION OF VITAL RECORDS, 201 0 ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR Aento | OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from hospital saw the deceased alive an_ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did ngt) view the book after death 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS th the 5 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE BP Removal/Burial Feb. 1979 MoosupValley Cemetery Foster Kent Rhode Island 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) Tarring Funeral Home P.A. Aberdeen Md. 2100]

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR - STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	IENE REG. 1	79	-03	043
	ECEASED NAME FIRST	MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Floren	ce Harwood	Hart		Feb. 9, 1	1979		1 1:3
3 SE	EX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	# UNDER 24 HR
	Female	White	Oct.	26,°^1886°°	92	YRS.	NIH5 DATS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN Balto. City	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOWE	D NEVER MARRIED ED DIVORCED	9. BALTIMORE CITY Baltir	_	FDEATH	,
10. C	Randalls town	11. NAME OF HOSPITAL, NUI			120. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	TION OF WORKING LIFE) MUSIC 1	126 KIND O INDUSTRY eache:	F BUSINESS C
130 S	JAL RESIDENCE (IF NURSING HOME O STATE Md. 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE B TY 13c. CITY OR T Glyn	DEFORE ADMISSION) TOWN ON	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	entral	Ave.	
14, FA	James Edwa	nd Hart		Alice	Daws Daws	on	LAS	т
) 16a. \	WAS DECEASED EVER IN U.S. AF	E WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDI			
	No	219-3	0-5861	Mr. John J. S	Sweeney	Baltimo		MATE INTERVAL
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) Ar DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	terios			NDITION GIVEN	V IN PART 10	NGS USED
			TION FOR WHICH OFERATION WAS FERI ORMED			YES NOT YES T		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	saw the deceased alive ar	at) view the bady after death.	19_79.00	nd that in (my) (aur) apinion of DEGREE ATTENDING	THE STATE OF THE S	dote and hour o	22c. DATE	SIGNED
	Mato	5. Strokel	1	PHYSICIAN IN	DIRECTOR PHYS	ICIAN 🗌	12-1	.0-79
	Martin E.	Strobel, M.D.		220 ADDRESS 59 Hanover	Road, Re	isters	town,	Md.
	BURIAL, CREMATION, REMOVAL (SRECIEY) BURIAL	Feb.13,79		EMETERY OF CREMATORY Park Cemeter	·	imore, N		STATE
24 F	UNERALDIRECTOR Eline Funeral H	Iome Reisterst	own. Md	21136 250. DAI	EB 13 197	256. REGISTRA	R'S SIGNAT	URE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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BP_

DHMH - 16 50M 7/77 (VR A 15 (4)) FUNERAL DIRECTOR

				STATE OF MARYLAND		
		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	03044
		CEASED NAME FIRST	an Eliza	beth Hart	2a. DATE OF DEATH MONTH	4-79 639p
	3. SE	Female "	Cav.	S DATE OF BIRTH	16. AGE (IN YEARS LAST BIRTHOAY) 6. YRS	MONTHS DAYS HOURS MIN
207		RTHPLACE STATE OR FOREIGN 76 PUNTRY TE-584	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	(1
A Surrect	10.6	andalls town	1. NAME OF HOSPITAL, NURS INC. LIE NOT IN SUCH FACILITY, GIVE STREET A Baltimore Co.	SHOME OR OTHER INSTITUTION DDRESS Cane / Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE 12b. KIND OF BUSINESS OF
35		AL RESIDENCE (IF NURSING HOME OR OT TATE 130-60UNT)		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS, for	izon Cr.
130	14. FA	THER'S NAME Bertrel MID	Hauso	15. MOTHER'S MAIDEN NA	WE	Yuhiasy
medicol		VAS DECEASED EVER IN U.S. ARME ES, NO OT UNKNOWN) (IF YES, GIVE W.		RITY NO. 17. INFORMANT	ADDRESS	
event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	- 1 1 11 1 1 1	randed gu	fact	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH ARWEL
Significa		410 - Conditions, if any, which	DUE TO, OR AS A CONSEQUÉ	NCE OF rantaco XX	enous	10 year.
		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONTEQUE	we conget	in failing	, I rudui
	NOI		Mollar arty	EATH BUT NOT RELATED TO THE TERM	CHERLIA CONDITIONS	CIVEN IN PART II
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		22a.l certify that (1) (thus haspital sow the deceased alive on gbave, (1) (we) (did) (did nat)	1-11- 197	and that in (my) compopinion	deoth accurred an the date and h	, 19 , that (I) (we) last our and from the causes stated
: } TE		126/SIGNATURE R	Museron	DEGREE CASTENDING DAYSICIAN D	MEDICAL STAFF DIRECTOR D PHYSICIAN	221. DATE SIGNED
PORTAN	1	22d. PHYSICIAN'S NAME (TYPE OR PI	21/1/tz	5 22e ADDRESS 66/5	Dais Bu	Louge Rd
≦	22-	HIDIAL CREMATION REMOVAL	122. N	AME OF CEMETERY OF CREMATORY	234 LOCATION	

7 FEB 23 1979 Fifty Market

executed within 24 hours ofter death.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physicial

retained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

FOR

STATE OF MARYLAND

6500 YORK RD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00016

1,	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG NO	9-0304	J
1 DE	PECEASED NAME FIRST	MIDDLE	E New J	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1,	MARY	C.	HAS	LUP	FEBRUARY	1, 1979	9:40 an
3. SE	EX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	FEMALE	WHITE	JAN	. 25, 1906	73	YRS.	HOOKS MIN
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
	MARYLAND	USA	WIDOW	- V	BALTIMORI	E COUNTY	м
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OF
Ö	TOWSON		H HOSPITA	L	SECRETARY	STAT	
	WAL RESIDENCE (IF NURSING HOME OF STATE 136 COULT BA	NTY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN WSON	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 414 GOUCH	ER BLVD.	
14.F	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AST
4			SLUP	MARGARET	E.	HASL	
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
	NO		-01-7959A	BLANCHE COLB	URN 414 GOU	CHER BLVD.	
CERTIFICATION	PART 2. OTHER SIGNIFICANT			NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, WERE FIND	INGS USED
4 1					YES NO	YES 🗌	NO 🗌
		- 110110 4 44 440	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE.		19				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		RY	211 LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that if this hopp	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.)		, to 2	1 19.25	, that the (we) la
MEDI	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	ed from 19 27 , o	STREET 3 / 19 / 7 / 19 / 7 / 19 / 19 / 19 / 19 /	, to 2	ote and hour and from th	, that the (we) to
MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that it has not sow the decessed alive or obove it will individe the solution.	21e. PLACE OF INJUR (AT HOME, STREET, FACTO ital) attended the deceas	ed from 19 27 , o	STREET 3 / 19 / 7 / 19 / 7 / 19 / 19 / 19 / 19 /	death occurred on the do	ote and hour and from th	, that ph-(we) lo e couses stoted
	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that is the hope sow the decembed of year obove (w.f.) (did did 3) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE C	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO ital) oftended the deceas Eview the body ofter deceas OR PRINT) PLUCE	ed from 71.0	nd that in (NAC (our) opinion of DEGREE	death occurred on the do	ote and hour and from th	, that ph-(we) lo e couses stoted
	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22o. 1 certify that of this hop sow the decast of olive or obove. (iv.) I did did to 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO ital) oftended the deceas Eview the body ofter deceas OR PRINT) PLUCE	ed from 19 21, 6 11, 6 23c. NAME OF C	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	deoth occurred on the de	the ond hour and from the property of the prop	, that ph (we) lo e couses stated ESIGNED

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

MITCHELL WIEDEFELD HOME

	JAM. 25, 1906			STATE
				COLLARIZATIVES
area yan bore				
ALG CONCLESS SEVE.				
MAN	7.10.00.00	CARAG		201
ATTAC RESCOUNT FA TE	959A DIAKCIE GREEK	212-01-7		09
	SENTENCE THE	9.8544		
			X 3	

1	STATE OF MEAT LAND APPLIANT UNCERNIE
11.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 0 3 0 4 6
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 3 - U J U + U REG. NO. 3 - U J U + U
1. D	TO DATE TO AND THE PROPERTY OF ESTI-
(PUSSE LL HERBERT HAYES JR DEATH MATED 1 2 4 1979 2
8	4. RACE BIALLS DATE OF BIRTH '6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 26 H
1	DEAD 10 5 34 44 YRS. DEAD 2 3 1979 00
70.	RTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	RGINIA WIDOWED DIVORCED DI
10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINES OR INDUSTRY)
	DATTIMORE Frankling quare HEEP D.H. V.
USI 13a.	LESSIDENCE IF IN NURSING HOMEON OF 11 INSTITUTION, GIVE BESIDENCE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS.
	THE Vallo YES NO X 6068 Morquelle FC
14.	ATHER'S NAME VERST AND LE MIDDLE MIDDLE MIDDLE MAST MIDDLE MAST
	Kussell H. HAVES, LEONA HARRISTON
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
1	(FES, GIVE WAR OR DATES) 2/2-305435 Wife Same
	APPROXIMATE INTERVI
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DETAULO, RESP 4. COLUMNS CAUSE (o)
	4-292 (DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gave rise to immediate (b)
	couse (a) stating the under- DUE TO, OR AS A CONSEQUÊNCE OF
Н	lying couse lost.
	PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Z	Vernauent Cystostomy 1960.
F	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
1 1	YES NO
CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
A	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, 21f. LOCATION
1	WHILE ON OUT TOWN COUNTY STREET AT WORK STREET FACTORY, FARM, ETC.)
	AL WORK
1	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
	deoth resulted from: Natural Joues J., Accident L., Suicide L., Homicide L., Undetermined monner L.,
	ACTUAL HOUSE WILL STEE (SPECIFY) Oh, DATE 2/5/
	SIGNATUREM.DMIDICAL EXAMINER SIGNED
2	EXAMINER'S NAME FRANK T. KASIK JR MADDRESS 9005 HARFORD RL 21
20	
230	URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
24	Burial 2/9/1979 Cedar Hill Cemetery Anne Arundel Co., Md. UNERAL DIRECTOR 256. DATER OF BYREGISTRAN 436. REGISTRAN 25 SIGNATURE
1	NAME ADDRESS
	Wm. C. March F/H 1101 East North Ave.

g physicion and completely filled in by the funeral director, anpopers. Pages 1 and 2 shauld be filed within 72 hours after

signed by the attending physicion

should be detached for use as the burial-transit permit. Then please remave carl with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

injury, or other traumatic event, the

	FOR	
-	STATE	

STATE OF MARYLAND

1	- STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N		030	347
	PECEASED NAME FIRST PE OR PRINT) BERT		• HE		ERICH	FEBRUAR	Y 13,1	979	26 HOUR 4:15P
3. S	Female	4 RACE White	9	5. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIR		UNOER I YEAR	IF UNDER 24 HRS HOURS MIN
	BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	IS A		MARRIE WIDOWE	D MEVER MARRIED	BALTII	R COUNTY OF	F DEATH	Y, MD.
	TOWSON	ST.JOS	EPH"HOS	PITA		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND C INDUSTRY	OF BUSINESS OR
13a	UAL RESIDENCE (IF NURSING HOME OF STATE MD.	to.	ParkVI	11e	13d. INSIDE CITY LIMUS?	13e STREET ADDRESS	inwood	d Ave	nue
14 F	William Co	per	LAST		Ber tha	E. Peters		LAS	51
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES	SOCIAL SECUR		17. INFORMANT	ily	ESS		
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(b)	AS A CONSEQUEN	ATIO	C CARCINOMA OF COLON NOT RELATED TO THE TERMIN		DITION GIVEN	IN PART 1	01
CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospi	P.M. 21e. PLACE OF (AT HOME, STREE	MONTH DAY	19	211. LOCATION STREET 19. 79	CITY OR TO		COUNTY	STATE that (I) (we) lost
	sow the deceosed olive on obove, (h (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OF M. M. PULIMOO	ow /	Pulnov		d that in (my) (our) opinion de DEGREE ATTENDING TO HYSICIAN TO THE PROPERTY OF THE PROPERTY	MEDICAL STA DIRECTOR PHYSIC	FF _ /	22c. DATE	couses stated
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	23b. DATE 2/15/			ey Valley	23d. LOCATION	Balto.	Cour	nty Md.

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR
Evan's Funeral Chapel 8800 Harford Rd.

Mr. r Belto. Par cville X rstl Linwood Avenue tilium Cooner buriel 2/15/79 Pulancy Villey EEKEST, Salaky -Re no Conserat Chies Mand Harlord Ru.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR	DEPARI		ICATE OF DEATH	7.9	03048	
1		CEASED NAME FIRST	WIOOFE		AST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
11		Marie	D	Hecker		February	21 70	0.30D M
7	3. SE	X	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		
E 2		F	W	WONTH	/11 /co YEAR	78	YRS. MONTHS DAYS	HOURS MIN
9			Th CITIZEN OF WHAT COUNTRY?	8	The same of	9 BALTIMORE CITY OR	111111111111111111111111111111111111111	
63/		MD.	USA	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Co	unty	MD.
p	10 CI		11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
\$7/	R	OSSVILLE	FRANKLIN	50.	HOSP.	TYPE OF WORK FOR MOST OF W	ORKING LIFE INDUSTRY	
must 4	13a. S	STATE 136 COUNT	TY 13c. CITY OR TOW ESSE	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	NETT R	D.
Buimo/2/	14 FA	ATHER'S NAME FIRST M	DEFE A	TES	15. MOTHER'S MAIDEN NA	ME UNK MIOOLE		AST
icol		VAS DECEASED EVER IN U.S. ARA		JRITY NO.	17. INFORMANT	ADDRESS		
medico		NO	217-58	8501	RAYMONI	O HECKER	? /	7 BOVE
atic event, the		PART I. DEATH WAS CAUSED	y one couse per line far (a), (b), or BY: CAUSE (a) Card: DUE TO, OR AS A CONSEOU	io Pul	monary Arrest		APPRO BETWEEN	XIMATE INTERVAL HONSET AND DEATH
injury, or other trou	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	ENCE OF	dial Infarcti		ION GIVEN IN PART I	(a)
Aug 2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	
or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)	
marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
.5		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did upid not 22b. SIGNATORE	February 21	79_, 。	ary 20 19 79 and that in (My) (aur) apinion of DEGREE	MEDICAL STAFF	22c. DAT	that (1) (we) lost causes stated
MPORTANT: If Item 21		22d. PHYSICIAN'S NAME (TYPE OR		7, 10	22e. ADDRESS	in Square Dri	,	21/49
¥-	23o B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF C	REDEEMEN	23d. LOCATION CITY OR TOWN	COUNTY	STATE
77	24. FU	UNERAL DIRECTOR	LLY 300	m	ACE 250. DA	EREC D. BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE rody

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 haw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70 02050

R	EGISTRAR				CERTII	ICATE OF DEATH	REG. N	0 19	- 03	0 3 0
1. DECE	ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		Y YEAR	2b. HOUR
(TITE OK	PRINT)	Jame	s Ells	sworth	HEISER		February	14, 197	79	11:40 4
3. SEX			RACE	19-025	5 DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H
M	ale		White	2	June	29,1909 YEAR	69	YRS.	ONTHS DAYS	HOURS MI
7a. BIRTH	HPLACE STATE OR FO	DREIGN	b CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY		
	nnsylvani	a	U.S.	Α.	WIDOWI		Baltimor	e Count	y	
10 CITY	OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS
Ro	ssville		Frankl	in Squ	are Hos	pital	Ship Yard		INDUSTRE	
USUAL F	RESIDENCE (IF NURS	ING HOME OR		, GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
Mar	yland		timore			YES NO X	7310 Ch	esapeak	e Road	1
14 FATH	ER'S NAME FIRST		IDDLE	LAS	ī	15. MOTHER'S MAIDEN NA	WE		146	
	James	E		Heise		Katie	S.		Balo	lwin
	S DECEASED EVER		AED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS		
No	,	(11 720, 0172		215-0	01-3237	James R. He:	iser Fall:	ston, M	larylar	nd
18	CAUSE OF DEAT			line far (a), (1	b), and (c)				BETWEEN	MATE INTERVAL
	PART I. DEATH W		CAUSE (0)	Perit	conitis					
	3677		DUE TO O	R AS A CONS	SEQUENCE OF					
	Canditions, if ony,		(b)_	Secor	idary to	perforation a	at colostom	y site		
	gove rise to imm couse (0), statin		DUE TO, O	R AS A CONS	SEQUENCE OF .					
_	inderlying cause	lost.	(c)	Pulmo	nary ed	ema				
PA	ART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
CERTIFICATION 130							T			
FICA 190	DATE OF OPERAT	ION	196 COND	ndition for which operation was performed			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
E L	a. ACCIDENT WAS UND	ERIVING 🗖	21b. TIME C	E ILLII IDV		121 HOW BUILDINGS	YES NO	YES		NO 🗌
	R CONTRIBUTING		110110 4		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
	IF EITHER, NOTIFY MEDICA			M.	19	AN LOCATION				
WED V	d. INJURY OCCURR		21e. PLACE (AT HOME, STI		PFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
_	WORK AT WO	RK -	1		F.L	1 70	F-L	1.0	70	
72	sow the decease		Feb.	e deceased f	/ U	8 , 19 79 nd that in (My) (aur) apinian	-, 10	14		that (V (we)
22	obave, () ((we) (d	lid) (didata	view the body	ofter death.	, 0,	DEGREE	death accorred an the a	ore and nour c		
"	000-6	II.	Luc	GIM	1110	ATTENDING _	_ MEDICAL STA	FF _	22c. DATE	IV 7C
22	d. PHYSICIAN'S NA	ME (TYPE OR	BDINIT	0 00	TO VI	PHYSICIAN [DIRECTOR PHYSIC	CIAN	10/1	7/9
	ALM	12/37/	DIE	La	0151	FIZANICI	IN SO H	000		
22a BI ID	IIAL, CREMATION,	DEMOVA:	23b. DATE		1 , 0	CEMETERY OR CREMATORY	23d LOCATION			. 3 /
(SPEC	CIFY)	KEMOVAL		1070			CITY OR TOWN		OUNTY	STATE
	remation ERAL DIRECTOR		reb.13			Park Cremator				yland
	NAME			ADDRE	1050 Yo	rk Koad	FRECD AY PEGIS BAR	25b. 85 GISTR	Jan San	risoly

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Ruck Towson Funeral Home, Inc. Towson, Maryland

79-03050 the state of the s lest to pay this in the conference in the state of the s James Isaaci Count onto the company from the control of c sandsh mette vegetor in go , amelicad

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62		
10,000 813 (31	12 A	17.4
	FRANCISK SK	
THE WARRANT PROPERTY.	NAMES OF THE PARK	1 99
ENSIRE CAMPINE	K.949-W	SA.178
WASH RESPONDED TO THE	THE DELLE	
Antario de estas de la como		
O.M. Alleria	1/2000 1/2004	

GENERAL STREET, STREET ROSSITERE SEGNAMU SEC. HELPE The second of th ALC THE PLANT THEE A DENTILE PROPERTY

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. NO	79-03053
	CEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH	
11112	CHARLOTT	THERESA	HERMANI	Feb.	20 1979 5:00p
3. SE		RACE 11	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Caucasion	5 25 1908	7.0	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimor	ce County "
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET)	AG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
-	onkton	16816 Gertin	g Road	Housewif	
13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT	Y I3c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
-		timore Monkto			erting Road
14 FA		DDLE LAST	15. MOTHER'S MAIDEN N	WIOOFE	LAST
	Henry Willi			unk.	Grigoleit
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO. 17. INFORMANT	307 MG	lanchton Rd.
	NO	214-46-	8940 Marie Herr		ville Md 210
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	40		
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO \
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	270 I certify that (I) (this hospito saw the deceased alive an above, (I) (we) (did not) 27b. SIGNATURE	19		n death occurred on the date	te and hour and from the causes stated 226. DATE SIGNED

BP.

TO FUNERAL DIRECTOR: After this certificate has been

should be detached for use as with the State Dept. of Health

IMPORTANT: If Item 21 is marked or Item 18 shows any

24. FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4)) Anatomy Board Of Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

Baldanza

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

J. Alan

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

22e. ADDRESS

8-10

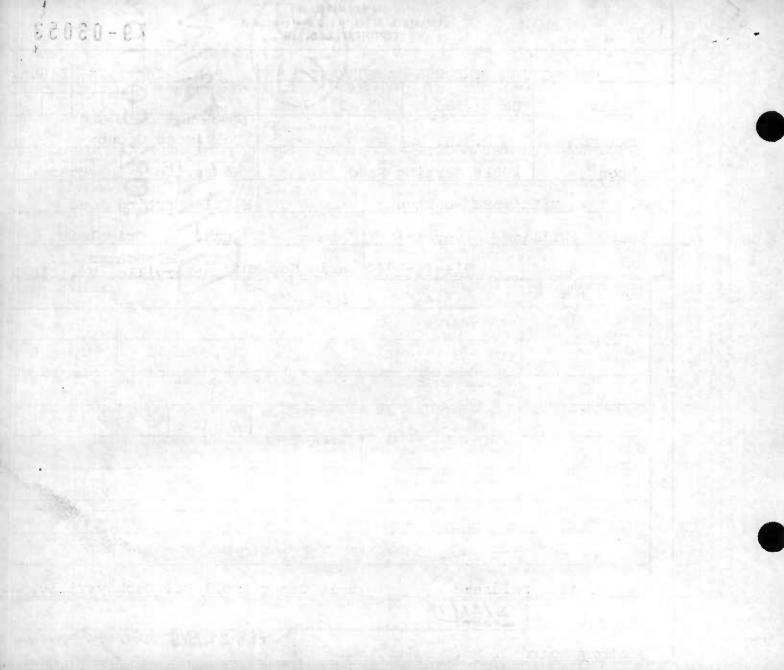
Cedar

Balt., Md.

250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Knoll Rd. Cockeysville, Md.

STATE



79-03054

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03055 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20. DATE OF DEATH YEAR 2b HOUR 1. DECEASED NAME Terri Lynn Hewett 2 . 50M P IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX YEAR Female. 68 White BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland TISA Baltimore County WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fullerton 4708 White Marsh Road Student USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4708 White Marsh Road Baltimore Fullerton Marvland NO IX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE FIRST William Spaink Lorretta Grady Hewett ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 4708 White Marsh Road Wm. G. Hewett No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause perfline for (a), (b), and (c PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ŏ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NOT YES T NO [Mentol Hyg 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 Hem 18: HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED ö CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE WHILE AT WORK MALLAN 10 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive as Jak and that in (my (our) opinion death occurred on the date and hour and from the causes stated bove (1) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22h/SIGNATURE/ DEGREE MEDICAL STAFF ATTENDING FUNERAL I DIRECTOR PHYSICIAN PHYSIC IAN MPORTANT: 22e. ADDRESS 77 RHYSICIAN'S NAME ITYPE OF PRINT UDD UTH hool 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE CITY OF TOWN 26 Burial chmond Co. Mem Rockingham Richmond BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74 7401 Belair Road Lassahn Funeral Home

79-03055	
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should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal

MPORTANT: If Item 21 is marked or Item 18 shaws any

certificate has been

FUNERAL DIRECTOR: After this

or attending physicia

etoined by the hospital

O HOSPITAL

OR ATTENDING

Then please

STATE OF MARYLAND

COOFE

	- STATE REGISTRAR			CERTIFIC		EATH	REG. NO		305	0
ì	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST			2a. DATE OF DEATH	MONTH DA	YEAR	26. HOUR P
	(THE OKTAINS)	BLANCHE	C. E	ILLE	ARY		FEBRUARY	16,1	979	9:00 M
	3. SEX	4 RACE		. DATE OF B	IRTH '		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Whit	e	8 8	1 O	1885	93	YRS.	NIHS DAYS	HOURS MIN.
ä	Ja. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED] NEVED A	AARRIED [9 BALTIMORE CITY O	R COUNTY C	F DEATH	
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1	10 CITY OR TOWN OF DEA	ATH 11. NAME OF	HOSPITAL, NURSING CHEACHITY GIVE STREET ADD	HOME OR CORESS)	AT,	ITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homema	F WORKING LIFE)	126. KIND C	OF BUSINESS OR
	USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	130 CITY OR TOWN	MISSION)	INSIDE C		13e. STREET ADDRESS		m	
3	Md.	Balto.	Towson		ES [MAIDEN NAM	9 Marylar	nd Ave	· Tow	son
2	David B.	MIDDLE	Casto	15.		ora	\mathbf{A}_{ullet}		Hard	
٦	160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?	166 SOCIAL SECURIT		INFORMA	NT	ADDRE	SS		
	No		232 22 57	748	Mrs.	Helen	H. Nethker	1, 9 M	arylar	nd Ave.
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse pe /AS CAUSED BY:	r line for (o), (b), and (d)		SYNDI	OME			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Flee	IMMEDIATE CAUSE (0)_	MINDOULI	TOIN	זתודה	CLIE				
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	underlying couse	DOL TO,	CACHERNIC		EL D	SEASE				
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	S ARTERIOS	SCLEROTIC	CARDIOVAS	CULAI	R DIS	EASE				
3	ARTERIOS 190. DATE OF OPERA 210. ACCIDENT WAS UNI	TION 196 CONE	OFFICE OF WHICH OF	PERATION V	VAS PERFO	RMED	20a. AUTOPSY?	IN CERTIFYI		OF DEATH?
	21g. ACCIDENT WAS UNI	DERIVING 116 TIME	OF INJURY	12	Ir HOW IN	ILIRY OCCUPE	YES NO	YES YES		NO 🗆
7	OR CONTRIBUTING			YEAR		JOHN OCCORN	ED (EINER INNIORE OF INSOR	II II- IILM ID, PAK	I OKTAKI 2]	

ON	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE											
ICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
II.				YES NO	YES NO							
CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]							
MEDI	21d. INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE							
	220.1 certify that (A)this haspital)	ottended the deceased from JAN.	10 1979	_, to FEB	6, 19 79, that Xi (we)							

sow the deceased always a above the (we) (did) did no and that in (XXX our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN [

22e ADDRESS 22d, PHYSICIAN'S NAME (TYPE OR PRINT)

MCCORMACK

7620 YORK RD

230. BURIAL, CREMATION, REMOVAL 23b. DATE 2/19/79 Buri

23c. NAME OF CEMETERY OR CREMATORY Heavner Cemetery 23d. LOCATION CITY OR TOWN Buckhannon,

COUNTY W. Virginia

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

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ADDRESS 10 W. Padonia Rd emmon

FEB 28 BY REGISTRAR 256. RECISTRAR'S SIGNATURE

79-03056				
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88 1979 Peter Stelling				

STATE OF MARYLAND 79-03057 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED | Feb. 12.19 Charles Hiltner Wilbur 5. DATE OF BIRTH 4. RACE A AGE IN YEARS IF UNDER 1 YR 3. SEX IF UNDER 24 HRS 12,1979,0 Male White 56 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Balto. City USA Baltimore DIVORCED WIDOWED OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 18. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 13734 Hiltner Road Reisterstown Retired WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) RSING HOME.
[13b. COUNTY Balto. Reisterstown 13d INSIDE CITY LIMITS? 13734 Hiltner Road Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Lillie Haslup Charles Hiltner 7. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 216-16-4566 Mrs. Beatrice H. Hiltner Reisterstown. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: minutes Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic C.V.Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? P BURIAL NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 9 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes Accident death resulted from: TITLE (SPECIFY) DATE SIGNED 2-12-79 Marto ?. Shobel Deputy MEDICAL EXAMINER SIGNATURE 59 Hanover Road, Reisterstown, Md EXAMINER'S NAME Martin E.Strobel.M.D. 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE COUNTY Removal Feb. 12,79 Baltimore, Md.2120 EB 1 5 1979 Lingtony McCharles 24. FUNERAL DIRECTOR **DHMH - 17** Anatomy Board of Maryland (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

Leonard J. Ruck Inc. Baltimore, Maryland

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		REGISTRAR				CERTIF	ICATE OF DEAT	n	REG. NO).			
		CEASED NAME	FIRST	٨	AIDDLE	l	AST	200	2a DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR	_
	(Tire		Mari	е	0.		Holmes			2/	22/79	2:15	P
	3. SEX	(4. RACE		S. DATE C			AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR		
		Female		White	Э	MONTH	/ 22 /	98	80	YRS.	ONTHS DAYS	HOURS MIN.	
100		RIHPLACE ISTATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRI	ED [BALTIMORE CITY O	R COUNTY	OF DEATH		
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7		ty or town of dea Towson	ATH	Multi-	HOSPITAL, NURSING HEACILITY, GIVE STREET -Medical	G HOME C	sing Ce	nter	HOUSEWIPE	ON WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINESS O	R
5	13a. S	Md.	136. COUN	ΙΤΥ	GIVE RESIDENCE BEFORE 13. CITY OF TOWN Baltimor	1	13d. INSIDE CITY LIA YES 🔥 NO			mount	Avenu	6	
0	14 FA	Edward	1	IDDLE	Evans		15. MOTHER'S MAII		E	Sc	onderg	eld .	
2	16a W	(AS DECEASED EVER		MED FORCES? WAR OR DATES)	none	RITY NO.	Mr. Lloyd	n.	Holmes sa	ss me			
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9		underlying couse	lost	(c)									
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-	CERTIFICATION	190 DATE OF OPERA	TION	M CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206 IF YES.	WERE FINDI	NGS LISED	_
2	IFIC.	1/1/	1	110 COND	10/10	DI EKATIO	TO TEN ORNED			IN CERTIFY YES	ING CAUSES	S OF DEATH?	
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		OR CONTRIBUTING			M. MONTH DA	Y YEAR	Λ/	10	o (ententanone of moon		.,		
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		22a.1 certify that (1)				Dec	12, 19	178	_, ta	11922	9-19	that (I) (we) la	ist
1		sow the decease	ed olive on	If view the body	ofter deoth.	9, or	nd that in (my) (our)	opinian de	eath occurred an the do	te ond hour	and from the	couses stated	
		226. SIGNATURE)	110	^	4	DEGREE				22c. DATE	SIGNED	
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	23a. B	URIAL, CREMATION,	REMOVAL	Feb. 2		ame of c	emetery or crem.	ATORY	23d. LOCATION CULV OR JOWN Baltimore	(Md.	STATE	
	24. FL	INERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNA	TURE	
		Leonard	J. Ru	ck Inc.	Baltimor	e. Me	buelva	CED	9 6 1070	Medical	A PACK	Model	

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

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I. DECEASED NAME TYPE OR PRINT 3 SEX Female Maryland 14 FATHER'S NAME DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, CERTIFICATION 8 22b. SIGNATURE MPORTANT should be a with the Sto

BP

DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH V. February 20, 1979 Elizaberth Hooper & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH Sept 1, 1882 YEAR 96 White 9. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore County DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House in the Pines Catonsville Catonsville Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13. STREET ADDRESS Hunt Ave 136 COUNTY 13c. CITY OR TOWN Howard Ellicott YES [] Maryland 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST late Mary C. late M.L.Dixon ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. I (IF YES, GIVE WAR OR DATES) 218 05 5228 Mrs Beulah M Wild 4046 Hunt Ave. 21043 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (was) (did not) view the body after death 22c. DATE SIGNED DEGREE STAFF MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e, ADDRESS 224. PHYSICHAN'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Howard, Maryland Burial Feb 23,1979 Crestlawn 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Harry H. Witzke 4112 Columbia Rd Ellicott City

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requires that the death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-traish permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

	STATE OF MARYLAI
DEDAD	

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-03061

	REGISTRAR				CERTITI	CATE OF DEATH		REG. NO			
1. DE	CEASED NAME	FIRST		MIDDLE	L	ST	20	DATE OF DEATH		DAY YEAR	2b. HOUR
(1176	OR PRINT)	Hele	n J	E	ugeni	a Hors	+	February	v 25	. 1979	4:20
3. SE	X		RACE		5. DATE O	F BIRTH	6. /	AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	F UNDER 24 HR
	Female	300	Whi	te	Apri	1 5. 1906		72	YRS.	MONTHS DAYS	HOURS
	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8	□ NEVER MARRIE	9 1	BALTIMORE CITY OR	COUNT	Y OF DEATH	- 77
	Poland		USA		WIDOWEL			Baltimore	e Co	ounty.	,
	SSVILLE 2		HE NOT IN SUC	HOSPITAL, NURSI CH FACILITY, GIVE STREE LN Square	T ADDRESS)	TOTHER INSTITUTION	N 12e	IL USUAL OCCUPATION OF OF WORK FOR MOST OF Processor	N (12b. KIND IFE) INDUSTRY	OF BUSINESS C
	AL RESIDENCE (IF NUR STATE LTYLAND	13b. COUNT Baltir	Υ	GIVE RESIDENCE BEFO 136. CITY OR TOVE ESSEX 21	WN I	13d. INSIDE CITY LIM YES NO	8 18	street address 34 Brunsw	ick E	Road 21	221
14. FA	Peter	MII	DOLE	Wyrozum		15. MOTHER'S MAID! FIRST Mary	EN NAME	MIDDLE		aranta "	AST
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		166. SOCIAL SEC 212 20	0006	Pauline H	icks,	sister 23			Rd.
	Conditions, if any gave rise to im cause (a), statiunderlying cause	mediote ng the	DUE TO, O (b) C A DUE TO, O (c)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	Ve He	art Fail tabolic	ure. Acid	Renal F	ailu	ıre	
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CAL CERTIFICATION	gove rise to im couse (o), stoti underlying couse	mediate ng the e lost. NIFICANT CO	DUE TO, O (c) ONDITIONS CO 196 COND 1216 TIME C HOUR A	ONGESTI NEMILA RAS A CONSEGR ONTRIBUTING TO	VE HE	NOT RELATED TO THI	E TERMINA	AL DISEASE OR COND	20b. IF YE	VEN IN PART 1 S, WERE FIND IFYING CAUSE IES	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to im couse (io), stoti underlying coust part 2 OTHER SIG	mediate ng the e lost. NIFICANT CC ATION DERLYING CAUSE OF DEATH CAL EXAMINER ORE ORE ORE ORE	DUE TO, O (c) 196. COND 196. COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	ONGESTI PARTICULAR RAS A CONSECT ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D MEET, FACTORY, OFFICE	DEATH BUT IN DEATH BUT IN DAY YEAR 19	NOT RELATED TO THI	E TERMINA	NL DISEASE OR COND 200. AUTOPSY? YES \(\text{VO} \text{NO} \(\frac{1}{4} \)	20b. IF YE IN CERTI Y	VEN IN PART 1 S, WERE FIND IFYING CAUSE IES	INGS USED S OF DEATH?
1	gove rise to im couse (a), stoti underlying couse (b), stoti underlying couse (b). PART 2 OTHER SIG 190. DATE OF OPERA (c) Control (c) Con	mediate ng the e lost. NIFICANT CO ATION DERLYING CAUSE OF DEATH CALEXAMINER) (RED (HILE CAUSE OF DEATH CALEXAMINER) (IT THE CAUSE OF DEATH CALEXAMINER) (IT THE CAUSE OF DEATH CALEXAMINER)	DUE TO, O (c)	ONGESTI RAS A CONSECTION ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE, He deceosed from	DEATH BUT II DAY YEAR 19 FARM, ETC.) F'CD.	NOT RELATED TO THI N WAS PERFORMED 21c. HOW INJURY CO 21f. LOCATION STREET 23 , 19 d that in May) (our) o	E TERMINA DOCCURRED	AL DISEASE OR COND 200. AUTOPSY? YES NO (GENTER NATURE OF INJURY	20b. IF YE IN CERTI Y	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2] COUNTY 19 79 ur and from th	INGS USED S OF DEATH? NO STATE: , that (1) (we) I e causes stated
	gove rise to im couse (a), stoti underlying coust (b) PART 2 OTHER SIG (b) DATE OF OPERA (c) CONTRIBUTING (c) (FEITHER, NOTHY MEDIC (c) C) CONTRIBUTING (c) C) CONTRIBUTING (c) C)	mediate mg the e lost. NIFICANT CO ATION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito and did rate for the condition of the con	DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e PLACE (AT HOME, ST) Ottended the FACD over with body	ONGESTI RAS A CONSECTION ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE, He deceosed from	DEATH BUT II DAY YEAR 19 FARM, ETC.) F'CD.	NOT RELATED TO THE N WAS PERFORMED 21c. HOW INJURY C 21f. LOCATION STREET 2 3 19 4 d that in May) (our) of DEGREE ATTEND PHYSIC	E TERMINA DCCURRED 79 pinian dea	L DISEASE OR COND 200 AUTOPSY? YES NO (AUTOPSY) (ENTER NATURE OF INJURY CITY OR TOWN	20b. IF YE IN CERTILY Y (IN ITEM 18,	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2] COUNTY 19 79 17 and from th	INGS USED S OF DEATH? NO STATE:
	gove rise to im couse (a), stoti underlying couse (b), stoti underlying couse (b). PART 2 OTHER SIG 190. DATE OF OPERA (c) Control (c) Con	ME (TYPE OR P	DUE TO, O (c) PODITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e PLACE (AT HOME, ST 1) ottended th FPED View the body	ONGESTI RAS A CONSECTION ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE, He deceosed from	DEATH BUT II DAY YEAR 19 FARM, ETC.) F'CD.	NOT RELATED TO THE N WAS PERFORMED 21c. HOW INJURY C 21f. LOCATION STREET 23 , 19 d that in May) (our) of the physic 22e. ADDRESS	DCCURRED , 79 pinian dear	AL DISEASE OR COND 200 AUTOPSY? YES NO (AUTOPSY)? YES NO (AUTOPSY)? (IENTER NATURE OF INJURY) CITY OR TOWN TO (AUTOPSY) T	20b. IF YE IN CERTI Y IN ITEM 18.	S, WERE FIND IFYING CAUSE ES PART 1 OR PART 2] COUNTY 19 79 121 DAT 2/	INGS USED S OF DEATH? NO STATE. , that (1) (we) I e causes stated

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Bruzdzinski Funeral Home PA 1407 Old Eastern AvefEB 27 1979

RECOTRAR'S SIGNATURE

19-63061 And a simile spent 5, 2005 Late of the middle of the filterson Description belieful to the second of the se in the state of th A 212 26 0886 Figure Fichs, sinter 231 St. Scotte 24. Bartel -1-79 Miblig Mil Mostar a Mitter Son County, Marking projection to the real land of the real property of

13/1	FOR STATE		-22a F	ilm G529	DEPAR	RTMENT OF	HEALTH	AND M	ENTAL			7.0	- 0:	306	7	
	REGISTRA DECEASED I		FIRST	M	MIDDLE	LEXAMIN	NEK 3	LAST	CATE	JF DEA	20 DATE N	KNOWN ESTI-	X MONTH			b. HOUR
3. S		4. RA	Alma	15. DATE OF BIRT		6. AGE (IN Y	EARS IF UT	HOUCK	TIF UNDE	R 24 HRS.		MATED [2 MONTH	2 19	79 YEAR	Me :50
	Female			Dec. 19	, 19	41 37 v	RS.		HOURS	MIN	PRONOUN DEAD		2	2 19		P M
4	Mary 1	VTRY)		U.S	5.A.		WIDOV		DIVOR	CED	Ba1	timor	e Co	ounty		MD.
7	Catons	ville	9	309 B1	oomst	NURSING HOM VE STREET ADDRESS) OUTY AVE	enue	ier institu	JTION		JAL OCCUP MOST OF WORK	ATION (TY (ING LIFE)	PE OF WORK	Gerbain S. B		
	UAL RESIDE STATE Md		ursing home (13c. C	NCE BEFORE ADMISS ITY OR TOWN atonsvi		13d. INSIDE	CITY LIMITS?		EET ADDRES		hurv		212	
14.	FATHER'S N	IAME	Dall	MIDDLE B.	1 0	Ward	116		IER'S MAID			DDLE		Dryde		_
16a	Geor WAS DECI (YES, NO, OR L	ASED EVE		MED FORCES? WAR OR DATES)		8-40-61		17. INFOR		amoa 1	Houck		SBalt	o.,Md	. 21	
	18. CAL	ISE OF DEATH \	WAS CAUSE	TE CAUSE (o)	ine for (a), cute	(b), and (c).) butaba	rbite				nouck.	9 027	Quee			NERVAL NO DEATH
	gav	e rise to	any, which immediate	(b)		ONSEQUENCE										
	lyin	g couse las	t.	(c)		ONSEQUENCE					URB.					
NO				CONTRIBUTING TO DEA		- 200				'ART 1 (s).						
CEPTIFICATION	19a. DA1	E OF OPER	PATION	19b. CON	DITIONFO	OR WHICH OPE	R'ATION V	VAS PERFO	RMED?					20. AUT YES		NO 🗆
AI CED	21a. EXT UNDERI CONTR		OR CAUSE OF	DEATH 5:1	OF INJURY MON	Y TH DAY YEA /2/ 197	21c. H	ow MJUR self-i			NATURE OF INJ	URY IN ITEM 1	8 PART 1 OR P.	ART 2)		
MEDICAL	21d. INJ WHILE AT WO	RK OCCU	RRED T WHILE WORK	STREET,	E OF INJU ACTORY, FAR, NOME	JRY (AT HOME, M, ETC.)		STREET P	Blooms	Bbury	AVE.	wn Ca	tons	ille	Balt	o Md
	22a.		t I took char	ge of the remains or rol causes ,	described o		Autor	y, Ham	Inspecti		Inquiry ermined ma		and in my o	pinion		
	ACTUAL SIGNAT		llong	te de	The	ll	^		SPECIFY) Sistar	nt_MED	ICAL EXAM	INER	DATE	ED 2/	3/79	
24-	(TYPE O	ER'S NAM	Marg	garita A	-			ADDRESS			Stree	et				
	Bur	ial	REMOVAL	2/6/79		Loudon	Park	Cemet	ery	Bal	CATION OR TOWN Ltimor			Ma	ry la	nd
24	FUNERAL I		Funera	1 Home.		to., Md 4107 Wi			-		REGISTRA		GISTRAR'S	SIGNATUR	E	

18-03002 stronger, fit , sand broad as mis! fift - a to

STATE OF MARYLAND

completely filled in by the funeral 1 and 2 should be filed within 72

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban-paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physicia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			IEALTH AND MENTAL HYC	GIENE REG. NO	79-03	3,Q.6	h Dr.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		AST		MONTH DAY	YEAR	26 HOUR P.
	E.	MARGUEI	RITE	HUBER		2/19/79		3:00 M
	3 SEX	4 RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UND		IF UNDER 24 HRS
ı	FEMALE	WHITE	NOV	. 26, 1897	81	YRS.		
d	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O		EATH	
0	MARYLAND 10. CITY OR TOWN OF DEATH	U.S.A.	WIDOWE	DROTHER INSTITUTION	BALTIMORE		KINID OF	MD.
P		(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		DUSTRY	BUSINESS OR
-	ARBUTUS USUAL RESIDENCE (IF NURSING HOME OR TJO STATE 1136. COUN	5552 CARV	ILLE AVENU	E	HOMEMAKER			
				13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	TTT A 3770	212	0.7
4	MD. BALT	IMORE AR	BUTUS	YES NO XX	5552 CARV	LLLE AVE.	. 212	21
á		WIDDLE	EWE LL	LENA	WIDDLE		HEIN	FR
٩	160 WAS DECEASED EVER IN U.S. AR.		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SAVE. 2	1227	Lik
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-03-0942 B	MR MILTON	J. HUBER, SR.			LLE
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO		ONSEQUENCE OF	action The LERN NOT RELATED TO THE TERN				
ı	DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
	21d. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ONTH DAY YEAR 19 RY	21c. HOW INJURY OCCUR		Y IN ITEM 18, PART 1 OI	R PART 2)	STATE
	220. I certify that (I) (this haspi sow the deceased of re-on- obove (I) (we) (did) (did no 22b. SIGNATURE	./ 0	D 0. /	nd that in my (our) opinion DEGREE ATTENDING PHYSICIAN		F2	from the co	
	22d. PHYSICIAN'S NAME (TYPE'O	R PRINT)		22e. ADDRESS				
	DR. HEALY			1311 Francis	s Avenue			
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	231. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Υ	STATE
	BURIAL	.02-26-79	LOUDON	PARK CEM.	BATTIMORE	CTTV		D
	24 FUNERAL DIRECTOR		ADDRESS BALTO.,	MD. 21229 250 DA	TE REC'D, BY REGISTRAR	SH REQISTRARE	SCAL	by .

4107 WILKENS AVE.

HUBBARD FUNERAL HOME INC.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		030	65
	EASED NAME	FIRST	,	MIDDLE	l.	AST			AY YEAR	26 HOUR A
	,	HILDA		В.		HUBER	FEBRUA	RY 7,	1979	6:40 M
3 SEX		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	FEMALE		WHIT	'E	JULY	13, 1898	80	YRS.	NONTHS DATS	HOURS MIN
	THPLACE (STATE UNTRY) MARYLAN		CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF BALTIMOR			MD.
	Y OR TOWN OF	STOWN	ANDALI	STOWN CO	OF HOME CONTROLLES	SCENT HOME	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	F WORKING LIFE	E) INDUSTRY	OF BUSINESS OR
I3a. ST	L RESIDENCE (IF TATE MARYLAN	131 COUNTY		GIVE RESIDENCE BEFORE 13c CITY OR TOW BALTIMO	'N	13d INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRESS 3600 LAB	YRINTH	H RD.	#21215
I4 FAT	HER'S NAME SIGMUND	MID		MPRECHT		IS MOTHER'S MAIDEN NA FIRST ROSE	WIDDLE	Ü	INKNOWŃ	LST
16a W. (YE	AS DECEASED ETS, NO OR UNKNOWN	VER IN U.S. ARME) (IF YES, GIVE W.		2/2-01-		17 INFORMANT HEN 205 BAY FRON	RY F. HUBER T DR., PASA	şs JR.		
		immediate rating the cuse last	(b) DUE TO, OI	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a)
CERTIFICATION	9a DATE OF OPI	RATION	196 COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDS	INGS USED S OF DEATH?
	21g ACCIDENT WAS OR CONTRIBUTING (1F EITHER, NOTIFY M	CAUSE OF DEATH	216 TIME O HOUR A	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		ART 1 OR PART 2)	NO 🗍
¥	216 INJURY OCC		21e. PLACE			21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the dec abave, (1) (w	eased alive on e) (did) (did not)	21	19	75 , on	d that in (my) (aur) opinion	death occurred an the d	ote and hour	and from the	that (I) (we) last causes stated
	226. SIGNATURE	teles	BIK	reey	1		MEDICAL STA	FF CIAN []	22c. DAT	SIGNED 79
		SERT KROC				8726 LIBE	RTY RD., RA	NDALLS	STOWN,	MD

^{236. DATE} FEB.9,1979 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

236 NAME OF CEMETERY OR CREMATORY DRUID RIDGE

BALTIMORE COUNTYMARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1070

TA FUNERAL DIRECTOR SOL LÉVINSON & BROS., INC.

ADDRESS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any

sctor, page 3 nding physicion and completely filled in by the corbanpopers. Pages 1 and 2 should be filed. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be signed by the ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician TO HOSPITAL

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Wm.

March F.H.

FOR

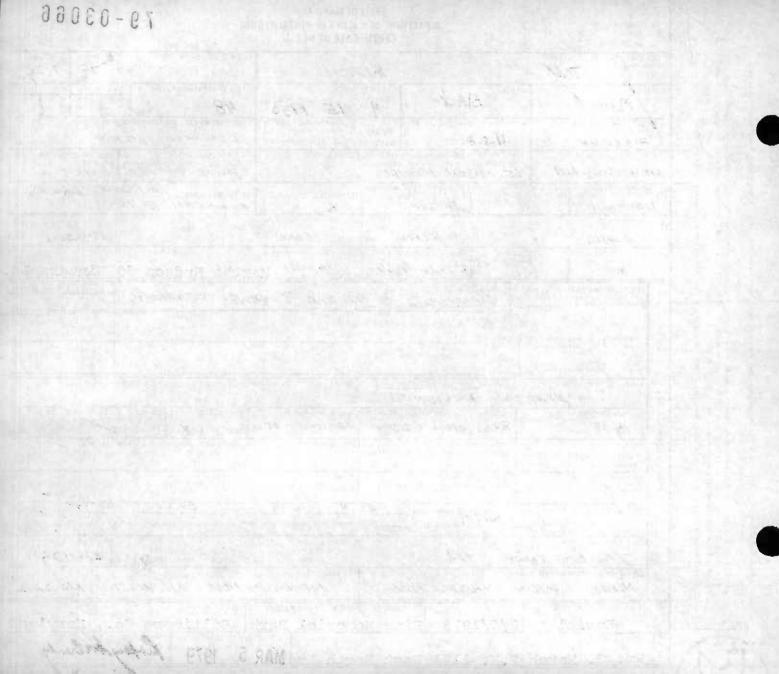
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03066

	REGISTRAR		CERTIF	ICATE OF DEATH	DEC NO			
I. DE	CEASED NAME FIRST	MIDDLE		LAST			YEAR	2h HOUR
(TYPE	OR PRINT!		HU	DSON		2 2/	79	7:38
3. SE)		A. RACE BIACK			6. AGE (IN YEARS LAST BIRTI			IF UNDER 24 HRS HOURS MIN
CC	HLABAMA	76 CITIZEN OF WHAT COUNTRY?			The state of the s			MD.
MI	r. Wilson, Md.	(IF NOT IN SUCH FACILITY, GIVE STREET ATT. WILLSOM, HOSPI	ADDRESS)	OR OTHER INSTITUTION			126. KIND C INDUSTRY	OF BUSINESS OR
13a. S	TATE 13b. COUN			13d INSIDE CITY LIMITS? YES X NO				IQUORS
14. FA)		MIDDLE LAST HUBO	V	15 MOTHER'S MAIDEN NA	WIDDLE		Hud	SON
		WAR OR DATES)		17 INFORMANT PATIENT N			Win	ters Ln
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE OF				IN PART 1	21
RTIFICATION	190 DATE OF OPERATION	BROKEHOFORG & B	OPERATIO	CARCINOTO OF	150 1.00	IN CERTIFYIN YES	G CAUSES	
			AY YEAR	211. LOCATION	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
ME	WHILE NOT WHILE AT WORK						7 31	STATE
	sow the deceased alive on above, (1) (we) (did) (did not	2/2/178	, 01	nd that in (my) (our) opinion	, 10	. 19_	d from the	
	Frankon-Va	1 /		ATTENDING	MEDICAL STAF	F IAN (1)	2/2/	179
			D	22e ADDRESS 147. WILSO	IN HESP. MI	- KIKSO	r r	14.21112
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	501		
	WEDICAL CERTIFICATION 3. SE.	1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH MT. WICSON, M.C., 130. STATE 130. STATE 131. COUNTRY) 14. FATHER'S NAME FIRST CHARUE 160. WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. 1 certify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did) (did no) 220. 1 certify that (II) (this hospit sow the deceased alive on obove, (II) (we) (did) (did no) 220. SIGNATURE THE CONTRIBUTION OF DEMONIAL 221. PHYSICIAN'S NAME (TYPE OR WILL MATHER 222. PHYSICIAN'S NAME (TYPE OR WILL MATHER 2230. BURIAL, CREMATION, REMOVAL	REGISTRAR 1. DECEASED NAME FIRST MIDDLE 70M 3. SEX ALL RACE BLACK 70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY? 10 CITY OR TOWN OF DEATH MT. WICSON, MC. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 130. STATE 130. STATE 131. STATE 134. FATHER'S NAME FIRST CHARUE 14 FATHER'S NAME FIRST (YES, NO OR UNKNOWN) 15 CAUSE OF DEATH Enter only one couse per line for (o), (b), on PART 1. DEATH WAS CAUSED BY: 15 CAUSE OF DEATH Enter only one couse per line for (o), (b), on PART 1. DEATH WAS CAUSED BY: 15 CAUSE OF DEATH IENTER ONLY 16 CAUSE OF DEATH IENTER ONLY 17 DEATH WAS CAUSED BY: 18 CAUSE OF DEATH IENTER ONLY 19 DE TO, OR AS A CONSEOUL CONDITION, if only, which gover rise to immediate couse (o), stoting the underlying couse lost 19 DUE TO, OR AS A CONSEOUL 19 DETO, OR AS A CONSEOUL 19 DUE TO, OR AS A CONSEOUL 19 DETO, OR AS A CONSEOUL 10 DETO, OR AS A CONSEOUL 11 DETO, OR AS A CONSEOUL 12 DETO, OR AS A CONSEOUL 13 DETO, OR AS A CONSEOUL 14 DETO, OR AS A CONSEOUL 15 DETO, OR AS A CONSEOUL 16 DETO, OR AS A CONSEOUL 17 DETO, OR AS A CONSEOUL 18 DETO, OR AS A CONSEOUL 19 DETO, OR AS A CONSEOUL 19 DETO, OR AS A CONSEOUL 19 DETO, OR AS A CONSEOUL 10 DETO, OR AS A CONSEOUL 10 DETO, OR AS A CONSEOUL 10 DETO, OR AS A CONSEOUL 11 DETO, OR AS A CONSEOUL 12 DETO, OR AS A CONSEOUL 12 DETO, OR AS A CONSEOUL 13 DETO, OR AS A CONSEOUL 14 DETO, OR AS A CONSEOUL 15 DETO, OR AS A CONSEOUL 16 DETO, OR AS A CONSEOUL 17 DETO, OR AS A CONSEOUL 18 DETO, OR AS A CO	REGISTRAR 1. DECEASED NAME FIRST MIDDLE TOMY 3. SEX WHILE 10. BIRTHPLACE STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH MICHON HOSPITAL, NURSING HOME OR CITY OF HOSPITAL, NURSING HOME OF SET ADMESTORY (IF NOT IN SIGN FACILITY, OME STREET ADMESSION) 10. CITY OR TOWN OF DEATH MICHON HOSPITAL, NURSING HOME OR CITY OF HOSPITAL ON STREET ADMESSION) 10. STATE WILLSON, HERDITEC, WILLS	REGISTRAR IDECEASED NAME FIRST A. RACE B. A.C. S. DATE OF BIRTH MODIE WIDDSON 18. ENTHPLACE ISTATE OR FOREIGN COUNTRY PLA B AMP 19. CITIZEN OF WHAT COUNTRY? MARRIED NEVER WARRIED NEVER WAR	REGISTRAR REGISTRAR	REGISTRAR DECEASED NAME 1951	REGISTRAR REGISTRAR RED

1101 East North Ave MAR 5

1979

ADDRESS



Items #10-22a Film G529 3/6/19 rcstate of Maryland

79-03067 ar see to a committee of the committee o within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled within 72 haurs after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the medical exam

IMPORTANT: If them 21 is marked or Item 18 shows any

must be notified stonce

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

7	9	-	0	3	0	6	9	
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	REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO	D	0 0 0	000
	CEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
		nara		nowski	February		1979	3.23
3 SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	
	F	W	MONTH	/1/98 YEAR	80	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED	A NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH	
10.0	MD	USA	WIDOWE		Baltimo		ounty	MI
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		ROTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O			OF BUSINESS OF
1	OSSVILLE	FBANKLI.	N 5	Q.	HSW			
	AL RESIDENCE (IF NURSING HOME STATE 13b CO)			13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	AK	HEAD	RD
14. FA	JAMES	GUTOW SK	1	15 MOTHER'S MAIDEN N. FIRST LENA	S C J	27.	1AS	ST
	WAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDRE	SS		
	NO (IF YES, G	IVE WAR OR DATES) 213-1	2-6153	FRANK 1	WANEWSK	1	ABO	CUE
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b)	, and (c'il				APPROX	ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY.		monary Arr	00+			
	IMMEDI	ATE CAUSE (a) COLO	10-101	IIIOIIAIY ALI	ESL			
	4140	DUE TO, OR AS A CONSE						
	Conditions, if any, which	((b) Athe	roscle	rotic Hear	t Disease			
	couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF					
	underlying couse last	(10)						
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	VEN IN PART 10	(0.)
Z O								
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. 1F YES	S, WERE FINDIN	NGS USED
문					VEC CO NOCO		FYING CAUSES	
E I	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		2). HOW MINDS OCCU	RRED JENTER NATURE OF INJUR	YE		NO 🗌
	OR CONTRIBUTING CAUSE OF D	LUCUS AM MONITU	DAY YEAR	THE HOW INJURY OCCUI	KKED (ENTER NATURE OF INJUR	Y IN TIEM 18, P	PART 1 OR PART 2]	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	rie de la company	211. LOCATION STREET	CITY OR TOW	(h)	COUNTY	STATE
Z	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	SIREET	CILLORION	14	COUNTY	SIAIE.
	22a F certify that (I) (this has	nutal) attended the deceased fro	m Febr	nary 12, 79	Februa	ry I	4 79	that (1) (we) las
	saw the deceased alive o	February 14	9 79 an	d that in (my) (<u>our)</u> apinion	death accurred an the de	ate and hav		
	22b. SIGNATURE	not) view the body after death.		DEGREE			22c DATE	
	P.	Da -54		ATTENDING	MEDICAL STAF		1 -	111-76
	22d. PHYSICIAN'S NAME (TYPE			PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IAN	ox 1	4-1
	PI A	D ADI. LIC IL						
	KIND -	DAKWISH		9000 F	ranklin Sq	uare	Drive	21237
	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CE	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

J 6. COL

300 MACE

REGISTRAR 256 REGISTRAR'S SIGNATURE

2000 - B RESIDE ERARMIN SIG. MISSIE MO BRITE MANY BAREN C TO EACH BLAKEED AD NOT THE THE PARTY SHARE THIS SELECTION OF THE PARTY OF TH

REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH YEAR (TYPE OR PRINT) Edward Harry Tockel 3 SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR Male White STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore (ourtu DIVORCED WIDOWED 17h KIND OF BUSINESS OR Baltimare Valley View Nursing Homr USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13e STREET ADDRESS 2003 Kingsridge Rd. Pat. A T30 STATE Balto. Balto. 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME John George Jockel Elizabeth (. Kissner 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES! Josephine Hock Jockel-2803 A Kingsnidge APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NOF YES [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN-DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OFFRINT) 220 ADDRESS ld b MPORT # Shods 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE Burias BP. 250-DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Miller Inc-6415 Belair Rd. -21206 (VR A 15 (4))

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-03070

2b. HOUR

Noon IF UNDER 24 HRS

NO []

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		Committee of the Commit			
		index of citin co.			

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03071

		REGISTRAR		CLI	THICKIE OF DEAT		REG. NO	O. *		
		CEASED NAME FIRST OR PRINT)	MIDD	LE	LAST	20	a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
		ALICE	6.	JO HNS	ON		+	1 0	79	1:49 %
	3 SEX		4 RACE		ATE OF BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	F	EMALE	BLACK		EB/18/00	LAN	18	YRS.	INS UATS	HOURS MIN
111		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8	RRIED NEVER MARRI	IED 🗍 9	BALTIMORE CITY O	R COUNTY OF	DEATH	
+7	No	ethungschand.co.	4.517	/	OWED DIVORC		RANDALL	STOW	N	MD.
1	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HO	ME OR OTHER INSTITUTE		TO USUAL OCCUPATION OF WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND C	OF BUSINESS OR
50	DA	LTIMORE CO.	BALTO MORE	-COUNTY &	NEPAL HOSP	THE	UNEMPLO	YEN		
633	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR TATE 1136 COUN		E RESIDENCE BEFORE ADMIS	SION) 138 INSIDE CITY LIV	MITS? 13	e. STREET ADDRESS			
	1	1d BALT	MORE R	+ NDALLSTON			7 HOBAR	TCOU	RT	
2	I4 FA	THER'S NAME	AIDDLE	/ LAST	15. MOTHER'S MAIL	DEN NAME	MIDGLE	0.	LAS	ST
31		CHARLES		HUNTER	11/1	<u>ERIE</u>	777	BLA	CKU	1511
1		VAS DECEASED EVER IN U.S. ARI	WAR OR DATES)	. SOCIAL SECURITY N	IO. 17 INFORMANT		ADDRE	7 1/00	10-	1
1		NO			IKUKYS	, 30h	MUSON	HUDI	14	Coure
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line	farya), (b) and (c)	~				BETWEEN	MATE INTERVAL ONSET AND DEATH
	-		E CAUSE (a)	ASCU	<u> </u>	15.445				
	103	4292	DUE TO, OR A	S A CONSEQUENCE	OF				5,000	
		Conditions, if any, which	(b)							
		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE	OF				370,00	
		underlying cause last.	(c)							
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART 1	al
	CERTIFICATION									
a	ICA	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED)	20a. AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	NGS USED OF DEATH?
7	RTIF						YES NO	YES []	NO 🗌
G		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 21b. TIME OF IN	NONTH DAY Y		OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
- 4	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		19				25/11/2	
	MEDI	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ET	21f. LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
	~	WHILE NOT WHILE AT WORK	A Calculation							
		22a.1 certify that (1) (this haspit	tal) attended the d	eceased fram	-eb , 19	14_	, to <u>tel</u>	19.		that (I) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did o	New the body ofte	er death.	_, and that in (my) (aur)	apinian dec	oth accurred an the de	ate and haur ar		
M,		22h. SIGNATORS		1.	DEGREE	IDING	MEDICAL STAI		22c. DATE	SIGNED
		<u>S</u> .	nua	Jen .	, ALLO PHYSI		DIRECTOR PHYSIC		12	26 1,74
,		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS	5401	OW C	ouri	20	AD
		G.MA	LIOK	1.11-100	RAN	DALL	STOWN	, w	9:	21123
Hì	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME	OF CEMETERY OR CREM	ATORY	23d. LOCATION	, co	UNTY /	STATE
		DURIAL	2-3-	19 K/M	6 mon, bt	HKK	KANDA	USTON	N. K	no_
	24. FL	JNERAL DIRECTOR		ADDRESS	11.	250. DATE R	EC'D. BY REGISTRAR	25b. REGISTRA	'S SIGNAT	URE
	17	-ROY 0, 1) 4617	- 4600	LIBRETY	HSTS. AU.	FEB	2 1979	pergre	4/200	ready

DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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.M. protected to a country 16.	100 MIN. 198	to out	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, payed should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removol.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

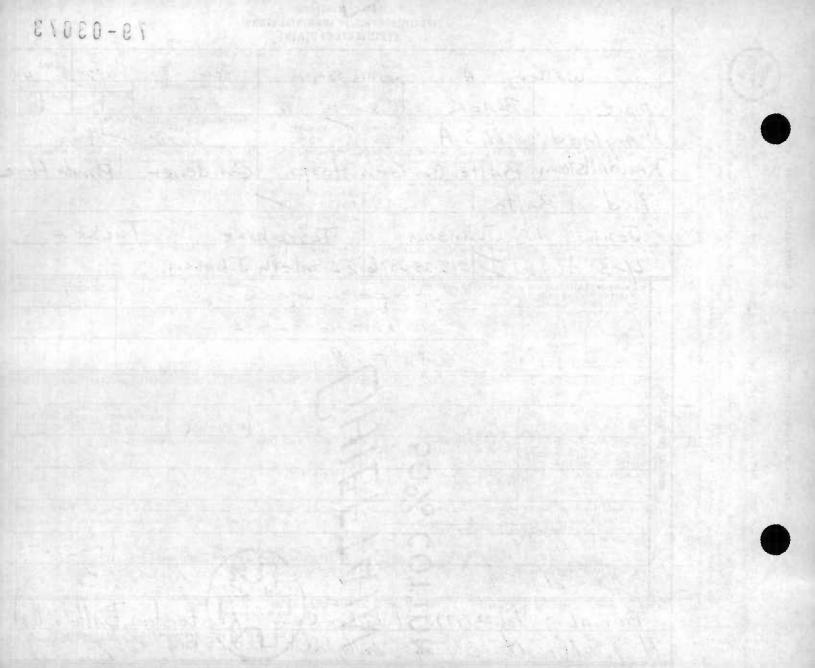
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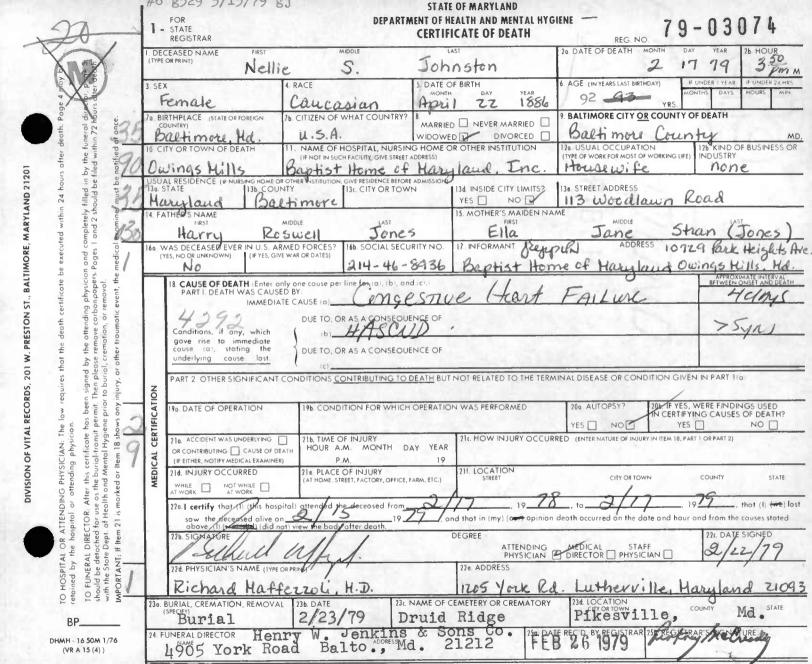
	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0 10 00	• . •
1 DEC	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH		26 HOUR
1,	Walte	r. A	JoHN. son.	Feb. 1	9 1979	842 4
3. SEX		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	BLACK	8 14 11	67	YRS.	
7a. BIR	IRTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
N	nary land	U.S.A.	WIDOWED DIVORCED	En	II. Counting	2/3 N
10 CI	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE.OF WORK FOR MOST O		F BUSINESS C
1/	ANDHISIOWA	BAlto. Co.	Gen. Hosp.	GALDEN	er Privi	ete Hou
	AL RESIDENCE (IF NURSING HOME OR COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOWN		13e STREET ADDRESS		
	Md. BA	ITO.	YES NO P			
14. FA	ATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	T. LAN	ST
	John n	. Johnson	Joseph	ADDRE	1 uclo	
	WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE		RITY NO. 17 INFORMANT	-		
_	yes wi	0:11 213-18-1	2016 SLIZABELY	Johnson		
	18 CAUSE OF DEATH Enter only PART I, DEATH WAS CAUSED	ane cause per line for (a), (b), one	Live orre	60	BETWEEN	MATE INTERVAL ONSET AND DEAT
	IMMEDIATE			,		
	402-	DUE TO, OR AS CONSEQUE	MESOS - 2 P. T.	-1Pm 40	•	
	Canditions, if any, which gove rise to immediate	(b)	1			
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE DE VD			
		(c)				
z	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to </u>	<u>DEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	a)
$_{\odot}$						
7 4	19n DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	1206. IF YES, WERE FIND II	NGS USED
FICAT	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES	OF DEATH?
ERTIFICAT	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 211, HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES	
AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	21r. HOW INJURY OCCURI	YES NO	IN CERTIFYING CAUSES	OF DEATH?
2	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	211. HOW INJURY OCCURI	YES NOW	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2)	OF DEATH?
MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	21t. HOW INJURY OCCURI 19 21f LOCATION	YES NO	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2)	OF DEATH?
7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. HOW INJURY OCCURI 19 211 LOCATION STREET	YES NOW	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	OF DEATH?
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospith sow the deceased alive an a	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. HOW INJURY OCCURI 19 211 LOCATION STREET	YES NOW NOW NEED (ENTER NATURE OF INJUIL CITY OR TOV	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY , 19	STATE
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHALE NOT WHILE AT WORK 22a.1 certify that (1) (this hospite	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	216. HOW INJURY OCCURI 19 21f LOCATION STREET , 19	YES NOW NOW NEED (ENTER NATURE OF INJUIL CITY OR TOV	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY , 19	STATE that (I) (we) I couses stated
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (HE EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WALE NOT WHILE AT WORK 22a. I certify that (1) (this hospitus saw the decessed alive an above, (1) (we) (did) (did not above, (1) (we) (did) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21c. HOW INJURY OCCURI 19 21f LOCATION STREET , 19 . ond that in (my) (aur) apinion DEGREE,	YES NOW RED (ENTER NATURE OF INJUI CITY OR TOV , to death accurred an the de	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	STATE that (I) (we) laccouses stated
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21c. HOW INJURY OCCURI 19 21f LOCATION STREET , 19 . ond that in (my) (aur) apinion DEGREE,	YES NOW NOW NEED (ENTER NATURE OF INJUIL CITY OR TOV	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	STATE that (I) (we) le couses stated
9.1	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK ON THE AT WORK ON THE AT WORK OF THE AT WORK ON THE AT WO	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F View the body ofter death.	21s, HOW INJURY OCCURING 19 21f LOCATION STREET , 19 ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NOW RED (ENTER NATURE OF INJUI CITY OR TOV death accurred an the di MEDICAL STAL DIRECTOR PHYSIC	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	STATE that (I) (we) le
MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHILE AT WORK 22a. I certify that (I) (this hospith saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSTCIAN'S NAME INVECTOR	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 19 view the body ofter death.	21r, HOW INJURY OCCURING 19 21f LOCATION STREET , 19 . ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	YES NOW RED (ENTER NATURE OF INJUI CITY OR TOV death accurred an the di MEDICAL STAL DIRECTOR PHYSIC	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY ate and haur and from the 27t. DATE FF CIAN REPLY NO. 120 27t. DATE ATE ATE ATE ATE ATE ATE ATE	STATE that (I) (we) le couses stated
MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. 1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (SPECK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 19 view the body offer death.	216, HOW INJURY OCCURING THE PHYSICIAN PARM, ETC.) 216 LOCATION STREET , 19	YES NOTE RED (ENTER NATURE OF INJUI CITY OR TOV MEDICAL STAI DIRECTOR PHYSIC 234 FOCATION 170 RTOWN	IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY ate and haur and from the 27t. DATE FF CIAN REPLY NO. 120 27t. DATE ATE ATE ATE ATE ATE ATE ATE	STATE that (I) (we) le couses stated

mills, Wd.

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03075 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME death (TYPE OR PRINT) **JOLLYMORE** :30 Ira David 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS YRS Jo. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County CANADA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DSSVILLE FRANKLIN FIREMAN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? TSSEX 1543 AVE. WILLIAM 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE ELLAUGUE SECREL 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMAN (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) HORE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction (clinical) DUE TO, OR AS A CONSEQUENCE OF Pulmonary Edema Canditians, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ō IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [Mentol Hyg 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM ē ō 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE Z787 22a.1 certify that (1) (this hospital) attended the deceased from, DIRECTOR 79 2/8/ saw the deceased alive on and that in (my) (our) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED be detoch e State De + ATTENDING MEDICAL STAFF 2/8/79 PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the S 9000 Franklin Square Drive 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNT STATE BP on O 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 NAME (VRA 15(4))

78-03075

79-03076 The state of the same of the state of the Committee and the control of the control of

FIRST 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) February 3 Henry NMN Jones 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH M 1922 23-To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. MARYLAND WIDOWED DIVORCED [IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) BALTO RANKLIN SQUARE WAREHOUSE PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS plud BALTO 1511 YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE HARLES JONES ATHERINE w. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) popers 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 200 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse ŏ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, IFICATION 0 prior 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? NOTE Hygi 216. TIME QE INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 80 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING DEATH Mental 0 (IF EITHER, NOTIFY MEONAL ENAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 20 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN 22a.1 certify that (I) (this hazontal) attended the deceased from. DIRECTOR: sow the deceased alive on_ and that in (my) (and apinion death occurred on the date and hour and from the causes stated abave, (1) (weighted did not) view the body after death # Hem 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR should be deto DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7600 Osle- Dr. Towson MS 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) ROSARY MOLY BP. DURIAL BALTO.

FOR

REGISTRAR

- STATE

79-03077

2:020

IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FOOD ELING BROCKLANDER

1979

REG. NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [NO [

> COUNTY STATE

22c DATE SIGNED STAFF

STATE OF STLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

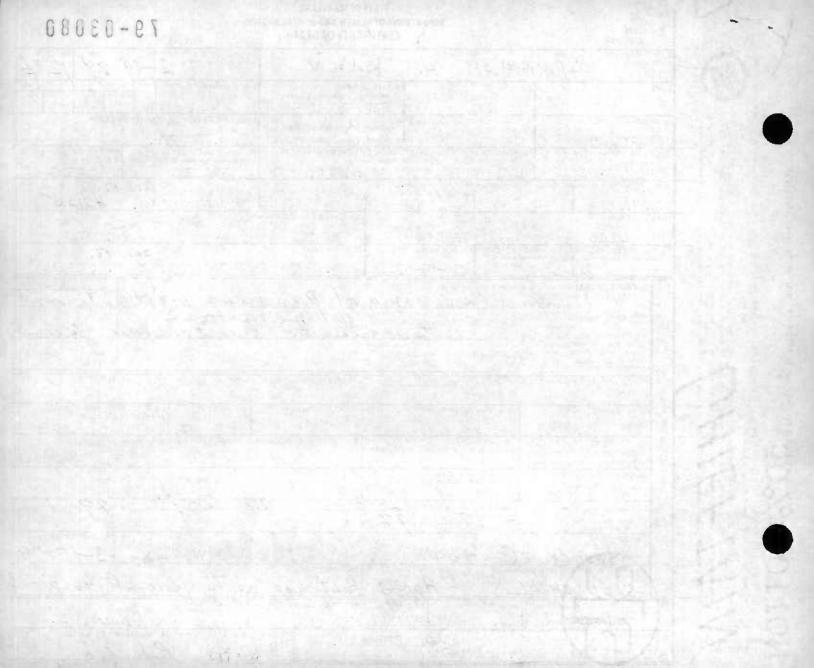
24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAN 25b. REGISTRAN'S SIGN TURE

78-03071 The state of the s DEAN OF PROPERTY

-1		1		F PR - Leaven	STATE OF M	MARYLAND			
		1-	FOR STATE			AND MENTAL HYG	SIENE	0 0007	0
			REGISTRAR	MEDICAL E	XAMINER'S C	ERTIFICATE OF I	DEATH	9. 030/	0
			CEASED NAME FIRST	WIDDLE	0	LAST	20. DATE KNOW	N CLMONTH DAY	YEAR 26. HOUR
(a.B.	1	(TYF	E OR PRINT)	Wynne	() or	ies ch	OF ESTI- DEATH MATE		- C' 6-6
T P	E E	2.053	Transfer Tra	9	X	// .		2 141	1974 47
20	SIS	3. SEX	4. RACE	5. DATE OF BIRTH / YEAR	LAST BIRTHDAY) MONTH	IDER 1 YR. IF UNDER 24 I	HRS. 2c. DATE	MONTH DAY	YEAR 2d. HOUR
200	N Z Z	\mathbf{P}	mu while	7 34 17	6 1 YRS.	HOURS MI	DEAD	7-14	174 4 00
	> Z ĭ		RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTE	2Y2 R		9. BALTIMORE C	TY OR COUNTY OF DE	
9 9 9	SES A		REIGN COUNTRY)			ED ANEVER MARRIED	n h	etto as	
7 7 7	C CONTRACTOR		ryland	414	WIDOW		1 030	ace co	MD
은포함	AGE 7	10	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME, OR OTH	ER INSTITUTION	I. USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK 12b. KIN	D OF BUSINESS INDUSTRY
ELAY IS I		100	mui/10 Md 2123	> thence	en Some	one House	Accounta		f-employ
- m	FECORDIA BE	USUA	L RESIDENCE (IF IN NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION	0	ACCOUNTED.	iii laer	T-GillOTO.
AND AND	SECORD B	13a. S	TATE NA 13b. CAUN	1 13c. CITY O	RTOWN		STREET ADDRESS	1.0.0 -	1 /
212	The second second		The 12	allo ove	iller	YES NO	2 stepp	cove >	-1256
MD. 21201 ATH. IF AN' 5 1, 2, AND	NA	14. FA	THER'S NAME	WIDDIE 14	C.Y	15. MOTHER'S MAIDEN N	AME MIDDLE		AST
	27/30				nes, Sr.	Anna	H	Harve	
MORE, A	~ O	16a. V	AS DECEASED EVER IN U.S. ARA	ED FORCES? 16h SOCIA	L SECURITY NO.	17. INFORMANT		RESS	У
IN FIE	SE I	(Y	S, NO, OR UNKNOWN) (IF YES, GIVE)	AR OR DATES)					
BALTIMORE, JRS AFTER DE GIVE PAGE	PAGES 1 AND DIVISION OF VI		Yes WW	1 P20-0	09-0094	Olive Jone	es 2 Sipn.	Le Avenue	21236
	× 1 0		18. CAUSE OF DEATH (Enter anl	ane cause per line for)(a), (b), c	and (c).)	4 1 .		APP	ROXIMATE INTERVAL
ON ST.	SIT PERMIT. HYGIENE, D		PARTIDEATH WAS CAUSED		De levele	e Cardin	Vasquel in	AL is BETWE	Uni
ON 24	BE .		IL & CA S IMMEDIAT	DUE TO, OR AS A CONSI	OUENCE OF				7110
EST EST	SIT		Conditions, if any, which	DOE 10, OK AS A CONS	GOLINCE OF				
Z = 50 Z	MENTAL POR REMOV		gave rise ta immediate	(b)			A		
3 0 N S	EN THE		cause (a) stating the <u>under</u>	DUE TO, OR AS A CONSE	QUENCE OF				
S TO Z	AL EXAMINEK A BURIAL-TRANSIT ND MENTAL HYC NO, OR REMOVAL		lying cause last.	(6)					
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITHOG THE WORD WITHIN 24 HOLD PROPED THE WORD A SHOULD BE A SHOULD BE STANKED A SHOULD BE THE WORD	Z Z Z	1	PART 2 OTHER SIGNIFICANT CONDITIONS	INTERRITING TO DEATH BUT NOT BELATER	TO THE TERMINAL OFFICE	OR CONDITION CINES IN BARY S			
ECORDS	A H H	z	1.	MINISTER TO CENTR BOT NOT RETAIL	O TO THE TERMINAL DISCASE	OK CONDITION GIVEN IN PART I	a).		
S S S	EAAA	CERTIFICATION	None Entre	m.					
2 2 4	SED	3	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION W.	AS PERFORMED?	4	20. AU	JTOPSY?
SHOULD WED THE	550 2	Ē						VF	S NO NO
- H M	N N N N N N N N N N N N N N N N N N N	N.	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121c. HC	W INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITE		3 110 110
ON OF V	S W		UNDERLYING OR	HOUR A.M. MONTH D	AY YEAR	THE PROPERTY OF COMMEDITY		74 10 7 741 1 011 741 27	
O FILE	AR	Š	CONTRIBUTING CAUSE OF D		19				
S F F	SE SE	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.		CATION	CITY OR TOWN	COUNTY	STATE
P VRII	GE GE	2	WHILE AT WORK				CITTOR TOWN	COUNTY	STATE
F > 3	R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 10, 21201 PRIOR TO BURIAL, C	1.0	Proposition of the second						
AMINER RTIFICATI	NO.2		22a. I certify that I taak charge	af the remains described abave	, held an Autaps	y L, Inspection	, Inquiry ,	and in my apinian	
A FIRST	D T Z	8	death resulted fram: Nature	I causes , Accident L	, Suicide ,	, Hamicide U	Indetermined manner	, , ,	
S F C	RYL RYL		()(TIME (SPECIFY)			
1 00	MA. A		ACTUAL	- CAC		16/		DATE SIGNED	-20.74
S E E	RE, RE		SIGNATURE	1	M.	D. JAVG	MEDICAL EXAMINER	SIGNED	-0 //
ED 4	NOS	Name of	EXAMINER'S NAME	JUNIOF	14 100	2000	D 1	D Chally	2021/201
₹ ₩	Pare F		(TYPE OR PRINT)	-VIIII C	17418	ADDRESS 13 2	13 Mari	1 regions	21236016
DX 4	TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHATIMORE, MARYLAND, 2	230. B	IRIAL, CREMATION, REMOVAL 23	. DATE 23c. NA	ME OF CEMETERY OF	CREMATORY 23	d. LOCATION	COUNTY	STATE
BP_				-23-79 Gar	cdens of	Faith Cen.	. Balto	Balto.,	Md.
	411 17		INERAL DIRECTOR	2 12 14 001	110/110 01			REGISTRAR'S SIGNATUL	
	MH - 17 5 ME (5))	Ta	ssahn Funera.	Hamo 7101	2010:- 11-	E [,)	26 1979		Cresoly
15M	7/77	Tie	soann runera.	. HOME 7401 I	bergir K	1.	0 .0.9		

79-03079				
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97 Jan. 6, 129	33.5	ra ; ÇIT	lob, f	
		F1005,00		
bankas, e promitical				



Leonard J. Ruck, Inc. Baltimore, Maryland FR

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-03081

IF UNDER 1 YEAR

INDUSTRY

Hughes

COUNTY

22c DATE SIGNED

Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

Costoms

8:03 am

IF UNDER 24 HRS

REG. NO

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	les States	and market	\$2,00-15		
		e hoter's to be	LAND OF THE		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

FOR

requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN The

etained by the haspital or attendi

BP.

TO HOSPITAL

been signed by the attending physician and carring. Then please remove carbanpapers. Pages 1

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. physician.

filled in by the funeral director, page 3 audid be filed within 72 hours after death

FOR STATE

STA	TE	OF	MA	RYI	A	N

D DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70-03084

ı	REGISTRAR			CENTIL	ICAIL OI DEAT	**	REG. NO.	- 6	3 - 0	JUL	7 7
ì	1. DECEASED NAME FIRST (TYPE OR PRINT)		AIDDLE	ı	AST		20. DATE OF DEATH MON	VTH D	DAY YEAR	2b. HOU	
	Catherin	е	L •	Kell;	У		Feb.23, 197	9		11	40 P.M.
I	3 SEX	4 RACE		5 DATE C			& AGE (IN YEARS LAST BIRTHDA		IF UNDER I YEAR		
1	F_male	White	•	June	e 25. 1894	EAR	84	YRS.	MONTHS DAYS	HOURS	MIN
1	78 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRI	ED (T	BALTIMORE CITY OR C		OF DEATH	1	7.11
	Maryland	U.S.	A -	WIDOWE			Balt me	oze.	conn	17	MD.
	TONSON		HOSPITAL, NURSING HFACILITY, GIVE STREET A	ADDRESS)	shis home		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Never emplo)	ORKING LIFE		OF BUSIN	ESS OR
J	USUAL RESIDENCE IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIA	AITS?	13e STREET ADDRESS				
1		timore			YES NO		1355 Dalto	n Ro	ad		
T	14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAM	MIDDLE .	1		AST	
2	John	J.	Kelly		Mary		E.			ase	
1	168 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
I	No No	E WAR OR DATES	218-52-0)232J	Mrs. He	len	Gatchell 135	5 Da	lton R	load	
ľ	18 CAUSE OF DEATH (Enter o		line for (a), (b), and	d (cs.)			11		APPRO BETWEEN	XIMATE INTE	RVAL D DEATH
1	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	1) Den	nso_	Mroke	20-12	the coma.				
ı	431-		R AS ACONSEQUE	NCE OF 1	/						
ı	Conditions, if any, which	(, ,)	2 Conscour	1411	illa Pro	ALLIA	o sores.				
ı	gave rise to immediate cause (a), stating the	10)		use or	1						
ı	underlying couse last.	00000,0	R AS A CONSEQUE	NCE OF					4		
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONDITI	ON GIV	EN IN PART 1	(0)	
ı		tractin		xtre	mites						
1	IPa DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20e AUTOPSY? 20	b. IF YES	, WERE FIND	INGS USE	D
4	Ĭ.						YES NO	YES	YING CAUSE	NO	
					21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY IN	ITEM 18. PA	ART 1 OR PART 2]	-	~
150	OR CONTRIBUTING CAUSE OF DE	ALC:	M. MONTH DA M	Y TEAK							
ı	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION						
ı	WHILE NOT WHILE D	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC. J	SIREE		CITY OR TOWN		COUNTY	S	STATE
١	22a I certify that (I) (this hasp	ital) attended the	e deceased from	~2	15 19	79		4	19/9	, that (l) ((we) lost
١	sow the deceased alive or	21	15 197	9.01	nd that in (my) (our)	opinion de	eath occurred on the date	and hour	r and from the		
١	obove, (I) (we) (did) (did no 22b. SIGNATURE	7		1 21	DEGREE	-			22c. DAT	ESIGNED	,
ı		MAIN	war	9	ATTENI PHYSIC		MEDICAL STAFF DIRECTOR PHYSICIAN		2/	24/	70
١	224 PHYSICIAN'S NAME (TYPE			4	22e ADDRESS	CIAIN (2)	DIRECTOR PHISICIAN		1./-		1-11
1	Vuong Vu	Nguyen	MD		1656 E.	Belve	edere Avenue	Bal	to. Md	. 2/	239
1	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	· · ·	LATE :
	Burial	2-27-	1979 No	ew Ca	thedral		Baltimor	е	COUNTY	Mary	Land
1	24 FUNERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTRAR 256.	REGISTI	RAR'S SIGNA	TURE	
	Leonard J. Ruc	k Inc. B	altimore,	Mary	land	FF	R 2.6 1979	Fred	Story Par	Cross	la

DHMH-16 20M (VRA 15, 4) 7/7B

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE REG. N	79.	-030	185
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR A.M
	TITE	Lillia	an E.	Ken	nedy		2 21	. 79	10:59 M
	3. SE		4 RACE	5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	MONT	DAY 5 YEAR 08	71	YRS	ONTHS DAYS	HOURS MIN
	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	DX NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
5	MD	OUNTRY)	U.S. A.	WIDOW		Ba1	timore	County	MD.
0		OWSON	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C 2308 Chetwo	GIVE STREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O hairdress	OF WORKING LIFE)		F BUSINESS OR
Name .	USU	AL RESIDENCE (IF NURSING HOME OF					- L		
16		Md. Bal	Lto.	OR TOWN ISON	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	hetwood	Circl	Le Apt302
		ATHER'S NAME			15 MOTHER'S MAIDEN NAM	WE	TELWOOD	OLICI	e Aptooz
3/1			1.4	albot	Laeitha Wyk	Joh Au		Garr	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOC	IAL SECURITY NO.	17. INFORMANT	ADDR	ESS	COLL	000
1	0	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-32-1327	Harry Kenne	edy 2308 Ch	etwood	Circle	Apt 302
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE						BETWEEN C	MATE INTERVAL
			TE CAUSE (o) Ca	rdiorespi	ratory arrest				
		492-	DUE TO, OR AS A CO	INSEQUENCE OF					
		Conditions, if ony, which	(b)		Emphysema			6 1	vears
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	INSEQUENCE OF					
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1(o	,
	O N	nor	ne						
anis.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
do	TIF	1/24/78	left hi	fracture	e	YES NO	YES		NO [
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	T 1 OR PART 2)	-Tiker-
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR TO	VN	COUNTY	STATE
		22a. I certify that (I) (this hospi	tol) ottended the deceose	d from Novem	ber 22 19 <u>77</u>	, to today	2/21 . 19		that (I) (we) last
		sow the deceased alive on above, (I) (we) (did) (did no	February 2	1_19_ <u>79</u>	nd that in (my) (our) opinion o	death occurred on the d	ate and hour c	and from the o	ouses stoted
		22b. SIGNATURE	Varla	M.D	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED -21-79
		22d. PHYSICIAN'S NAME (TYPE O	RPRINTI	, - ,	PHYSICIAN [DIRECTOR PHYSIC	IAN [X]	-	
		Joseph Kaplar			5601 Loch R	Paven Rlvd	Ralto	Md	21230
	23a B	SURIAL CREMATION REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(Burial	2/24/79	New Cat	chedral Cem.	Baltimore	3,	Mary	land,
	24 FL	JNERAL DIRECTOR 1630	Edmondson Ay	e., Cator	sville, Md 250 DATE	E REC'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNATI	JRE
	Wi	tzke Funeral Ho	me of Catons	sville, P.	A.,21228 FFF	27 1979	people	y mech	andy

DHMH - 16 50M 1/76 (VR A 15 (4))

attending physician and coove carbanpapers. Pages

TO FUNERAL DIRECTOR, After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

OR ATTENDING PHYSICIAN: The law

retained by the haspital ar attending physician

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	03	0	8	7
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1.	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.	1-03	001
	ECEASED NAME	FIRST		MIDDLE	i	AST	26. DATE OF DEA		DAY YEAR	26 HOUR
,,,,	CONTRIBET)	BURR	ELL	G. KII	LMER	Sr.		2 2	7 178	7:25A
3. SI	EX		4. RACE		5 DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	
	Male		Caucas	ian		8/09	70	YRS		HOURS MI
	BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE C			1-1-
	altimore,	Md.	U	JSA	WIDOWE		RALL	MORE C	OUNTY	
10.0	CITY OR TOWN OF					ROTHER INSTITUTION	12a USUAL OCCI	JPATION		OF BUSINESS
	TOWSON			N. CHARI		ST.	Retired	NOOT OF THOMAS TO EST	2) 11400311(1	
USU 130.	UAL RESIDENCE (IF)	IURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDE	RESS		
N	Maryland		imore	Towson		YES NO X	303 Xx		s St. A	Ave.
14. F	FATHER'S NAME	THOM	MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	DIE		AST
4	Harry Cli	fton K	ilmer	(A3)		Catherine	Dennis	(Kilmer)		(3)
	WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	A	DDRESS		
	Unkn.	(#F FE3, ON	C TAR OR DATES	213-46-3	3070					
	18 CAUSE OF DE	ATH (Enter or	nly one couse per	r line for (a), (b), and	d (C)				BETWEEN	XIMATE INTERVAL
13	PART I. DE ATH	WAS CAUSE	D BY;	ardiac Ar	ract				5 x	nin.
	1100	IMMEDIA					the same of			
	Tollo			R AS A CONSEQUE		: - C3: - W-	7 D4			
	Conditions, if a		(b) A	rterio Sc	:Lerot	ic Cardio Va	scular Dis	sease		
	couse lai, st	oting the	DUE TO . O	R AS A CONSEQUE	ENCE OF					
	underlying co	use last.	((0)							
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	OR CONTRIBUTING		NI II	.M. MONTH DA						
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	obove, (I) (w	eosea olive on	view the body	919 v ofter/Neath.		nd that in (my) (<u>our)</u> apinio	on death accurred on	the date and hou		
	226. SIGNATURE	()/	the of	Alhan	^	DEGREE		07.00	22c. DATE	E SIGNED
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	(SPECIFY) Remova	_	2-2	-0			CITY OR TOW	N	COUNTY	STATE
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1	١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7	9-03089
6	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 0000
A 25 E E		CEASED NAME FIRST HENR	HALAN KING 20 DATE KNOWN OF ESTI-	9 11 70 5770
PORECTO ON STREE	3. SE	MW	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) O O O O O O O O O O O O O	2 H 1979 1030
NECESSARY FUNERALDIII 5 FOR YOU WITHIN 72 W. PRESTON	FO. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		USA WIDOWED DIVORCED BALTO.	COUNTY OF DEATH MD.
AY IS THE PRIED	10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1014 MIDDLE BOROUGH RD	PE OF WORK 12th, KIND OF BUSINESS OR INDUSTRY
IF ANY DELAY IS NEC. 2. AND 3 TO THE FUN. 3. RETAIN PAGE 5 FG. SHOULD BE FILED. WIT. PRECEDED.	USU/ 136. S		0.500	DOLEBOROUGH RD
KE, MD. 2 DEATH. II SES 1, 2, M PM 3. M PM 3. M PM 3.	14. F	THER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST UNK	LAST
AFTER INE PACE IN FOR I	16a. V (Y	VAS DECEASED EVER IN U.S. AR. (1) S. NO, OR UNKNOWN) (1) FYES, GIVE	WAR OR DATES)	ABOUT
ECORDS, 301 W. PRESTON ST., D BE EXECUTED WITHIN 24 HO INDING" IN PENCIL IN ITEM 11 MEDICAL EXAMINER ALONG AS A BURIAL-IRANSIT PERMIT ALTH AND MENTAL HYGIENE, EMATION, OR REMOVAL.		PARTI DEATH WAS CAUSE IMMEDIA: Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.	TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BENTIEN ONSET AND DEATH
	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
OF VITAL REG	CERTIFICATION	21s. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
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TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNER I DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEB BALTMORE, MARYLAND, 21201 PRIOR 100		22a. I certify that I taak charg	ge af the remains described abave, held an Autapsy , Inspection , Inquiry are ral causes Accident , Suicide , Hamicide , Undetermined manner ,	DATE SIGNED 2/1/79
O MEDICA XECUTE TH AGE 4 SH O FUNERA O FUNERA FITER DEAT	د	EXAMINER'S NAME J. C	ROSSAN O'DONOVAN ADDRESS 2112 Sundalk Acc.	, Balto., Md. 21222
Bb—·	(:	BURIAL BURIAL	2/14/79 PARKWOOD BALTO.	COUNTY STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	INERAL DIRECTOR NAME LOON CON NAME LOON NAME NA	PELLYDDRESS 300 MACE FEB 16 1979	STRAR'S SIGNATURE

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03092

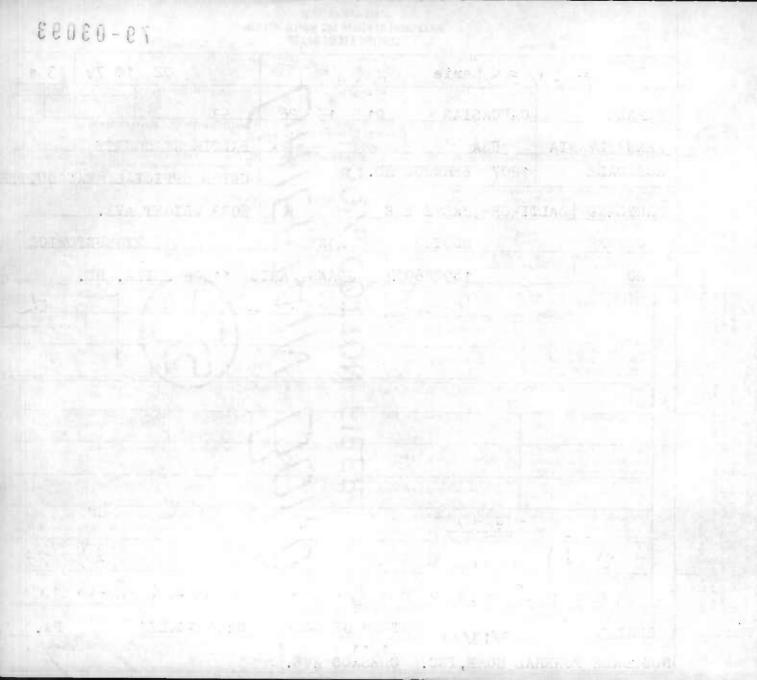
I. DE	CEASED NAME FIRST			2a. DATE OF DEATH	MONTH DAY YEAR 26 HOL
(TYPE	e OR PRINT) Mary	Ida	Kowalski	FEB	17, 1979 53
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
F	emale	White	July 12, 1888	90	MONTHS DAYS HOURS
10 BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
_	Balto. Md.	U.S.A.	WIDOWED DIVORCED	- Baltin	mre County
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13a S		e or other institution, give residently lac city. Lac city broaded Broader	pence before aomission) y or town lad inside city Limit oklyn Park YES NO	506 Matth	news St.
14 F.A	ATHER'S NAME HENRY Poffe	MIDDLE	LAST 15 MOTHER'S MAIDE FIRST	WIDDLE	LAST
16a V	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	CIAL SECURITY NO. 17 INFORMANT	ADDRI	2121
14	0	213	-0/-8232 Mrs. Lill	ian M. Smith =	· 2864 Kentucky A
	18 CAUSE OF DEATH (Enter		o) (b), and (c). A 3/6	+ 1.	APPROXIMATE INTER
		IATE CAUSE (0)	ongested the	il tail	und 3DA
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A C	HASCVA		10 4
ATION	gove rise to immediate couse 10. stating the underlying couse lost PART 2. OTHER SIGNIFICAN	(b)	ONSEQUENCE OF		
TIFICATION	gove rise to immediate couse 101, stating the underlying couse lost	(b)	ONSEQUENCE OF	TERMINAL DISEASE OR CON 20a AUTOPSY? YES NO NO NO NO NO NO NO N	DITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEA' YES NO
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STATE OF MARYLAND 79-03093 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 20 DATE OF DEATH MONTH 2h HOUR DECEASED NAME TYPE OR PRINT! 02 79 Marie 10 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 4 RACE 3 SEX MONTHS DAYS HOURS MONTH YEAR 26 CAUCASIAN FEMALE BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY DIVORCED 1 ENNSYLVANIA WIDOWED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION IN CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 1 207 SUCH BEKWOODDOORD ROSEDALE UNTON OFFICIAL MEAT CHTTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 130 CITY OR TOWN 0 5023 WRIGHT AVE BALTIMORE NO IY MARYLAND 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE P ZYGMUNTOWICZ JOSEPH BOOTHS AGNES ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 189206004 1100h PHTTA. NO JOANN PARIS APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause peryline for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, it ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? à NO I YES T NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 00 DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 714. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (ex) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body ofter death 22 DAVE SIGNED DEGREE 22b. SIGNATURE MEDICAL STAFF ATTENDING * DIRECTOR PHYSICIAN FUNERAL I MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CARBONDALE MOTHER OF SORROW PA. BURTAL 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S FIGNIALIRE 24 FUNERAL DIRECTOR 1211 DHMH - 16 25M ADDRESS (VR A 15 (4)) 9/74 FUNERAL HOME.INC. CHESACO AVE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03095 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR TYPE OR PRINT LENA KRAMER FEBRUARY 5, 1979 1:25 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE IF UNDER 24 HRS APR. 11, 1892 HOURS FEMALE WHITE 86 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED RUSSIA USA BALTIMORE COUNTY WIDOWED V DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR MILFORD MANOR NURSIN G HOME E OF WORK FOR MOST OF WORKING LIFE! AT HOME PIKESVILLE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO BALTO. 130. STREET ADDRESS MARNAT RD. 134 INSIDE CITY LIMITS? filled told b MARYLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE NOAH SHAVA BRODSKY UNKNOWN 17. INFORMANT DR. CHARLES KROMER 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) #21208 3417 GARRISON FARMS RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Shew IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated 226 SIGNATU DEGREE 22c. DATE STIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be detor with the Stote [MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS DR. DANIEL BAKAL 600 REISTERSTOWN RD. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL MARYLAND FEB.7,1979 ARLINGTON (CHIZUK AMUNO) BALTIMORE BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR 810 HATLAND 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 7/77 (VR A 15 (4)) 6010 REISTERSTOWN RD., BALTO., MD 21215

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Alfred Charles Laker 2n DATE OF DEATH 2b. HOUR page 3 (TYPE OR PRINT) 3. SEX RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Baltimore County Maryland WIDOWED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ENOT IN SUCH FACILITY GIVE STREET ADDRESS INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore County St. Josephs Hospital. Towson Salesman Dept. Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore YES X Maryland 6008 Loch Raven Blvd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Edwin H. Laker Margaret Donahue 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) SA Yes WW II 212-07-1203 Cora J. Laker me 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY FIBRILLA; ION ENIRICALAIR IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION a prior ony 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F and Mental Hygie YES [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR 1tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED morked ar 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 22a I certify that (this hospital) attended the deceased from that Un (we) last sow the deceased plive on and that in (myr (aur) opinion death accurred an the date and hour and from the causes stated obove (1) (we) (did) (did not) view the bady after dec be detached in State Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNER <u>_</u> MEDICAL TO FUNERAL Should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Richard Biggs. M.D. 7620 York Road, Towson Md 27 201 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE COUNTY Burial 20,1979 New Cathedral Baltimore City, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Mitchell-Wiedefeld Home 6500 York Rd. 21212 (VR A 15 (4))

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signed by the attending physician and completely filled in by the funeral director, 2009 then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after de-DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-fransit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	FOR STATE REGISTRAR		DEFARI	CERTIFI	EALTH AND MENTAL HYG	REG. NO		-03	099
	CEASED NAME OR PRINT)	Adolph	Gustave	LAN	IG	February 2	MONTH DAY	YEAR 9	26. HOUR 4:03]
3. SE	×	4. RA	ACE W	5. DATE O	FBIRTH YEAR	6 AGE (IN YEARS LAST BIRT		UNGER I YEAR	IF UNDER 24 I
	IRTHPLACE (STATE OF OUNTRY)	FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore city o			
	OSSUILL &		NAME OF HOSPITAL, NURSING INFO TO SUCH FACILITY, GIVE STREET ROOM OF THE PROPERTY OF THE PROPE		R OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY BALTO	
	AL RESIDENCE (IF NO.	ISING HOME OR OTHE	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO P		OPLAR	RR	6
	THER'S NAME FIRST	MIDDLI	LANG		15. MOTHER'S MAIDEN NA/ FIRST LOUISA	Le CK m	AN	1AS	ī
	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARMED (IF YES, GIVE WAR			JOSEPHINE	LANG	A	Born	
	PART I. DEATH	WAS CAUSED BY IMMEDIATE CA	ne cause per line for (a), (b), are: aUSE (a) Arteriosc DUE TO, OR AS A CONSEOU (b) with Card	leroti		ve Cardio Va Disea			2NSET AND DE
z	Canditions, if or gove rise to it cause (a), sta underlying cou	IMMEDIATE CA	AUSE (0) Arteriosc DUE TO, OR AS A CONSEOU	eleroti BENCE OF Liac Ar	rrythmia	Disea	ase		
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CAL CERTIFICATION	Canditions, if ar gove rise to in cause (a), sta underlying cou	WAS CAUSED BY IMMEDIATE CA Ity, which mmediate ting the	DUE TO, OR AS A CONSEOU (b) WITH CARD DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO	Eleroti BENCE OF BENCE OF BENCE OF BEATH BUT	PRYTHMIA NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR	Dises INAL DISEASE OR CON 200. AUTOPSY? YES NO	DITION GIVEN 206 IF YES, V IN CERTIFYII YES	VERE FINDING CAUSES	GS USED
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	PART I DEATH Conditions, if or gove rise to in cause (a), sta underlying could be continued by the course of the	WAS CAUSED BY IMMEDIATE CA Ty, which mediate ting the se lost GNIFICANT CONI ATION ATION ATION CAUSE OF DEATH DICAL EXAMINER) RRED WHILE WHILE (Ithis haspital) Costed plive on Technique Costed plive	DUE TO, OR AS A CONSEOU (b) with Card DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	Eleroti ELEROTI ELENCE OF DEATH BUT I H OPERATION AY YEAR 19 FARM, ETC.) F'ebru 79 , an	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	Disease OR CON 200 AUTOPSY? YES NO CENTER NATURE OF INJUING TOWN 10 February	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART	WERE FINDING CAUSES 1 OR PART 2) COUNTY	OF DEATH NO STAT

BP. DHMH-16 50M 7/77 (VR A 15 (4))

BURIA 24. FUNERAL DIRECTOR J. B. CONNELLY

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03101

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MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

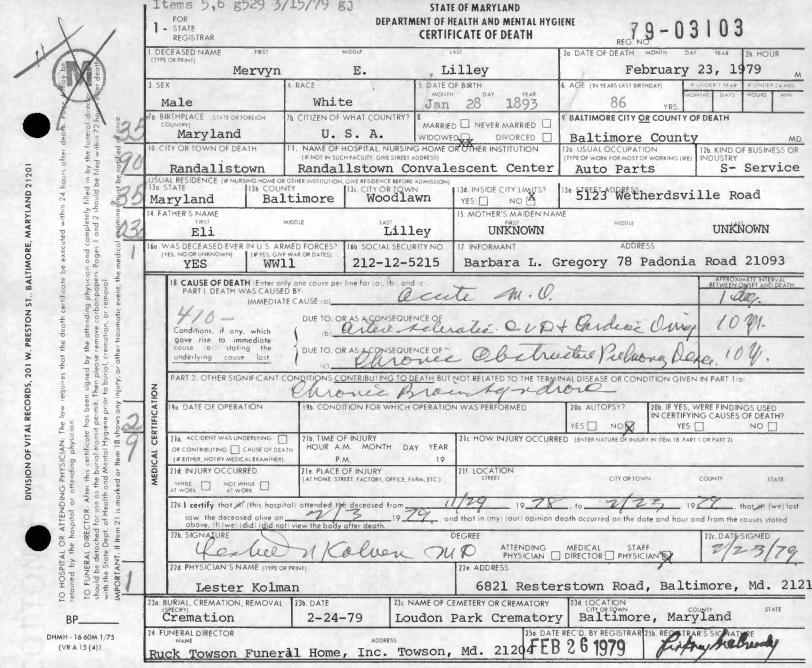
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		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	0 2 0	310	4
		CEASED NAME	PHIE	/	M		WIS		FEBRUARY			25. HOUR 2:40 P.
3	3 SEX	(4 RACE		5 DATE C		VE AD	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1		emale		Whi	te	Ji	uly 19,19	19	59	YRS.	VIHS DAYS	HOURS MIN
1	7a. BII	RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 🗆	9. BALTIMORE CITY C			
		New Jersey		U.S.		WIDOWE	ED DIVORC	CED	BALTIMORE			MD.
7	7	OWSON	1	Nursing	& Convar	escer.	or other insutut Laney Town of Home	ion ison	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Physician	F WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
5	13a S	L RESIDENCE (IF NURS TATE Maryland	ING HOME OR 13b. COUN	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFORE 13(. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LI YES 🔀 NO		13e. STREET ADDRESS 210 Edges	vale Rd		
0		THER'S NAME FIRST ROMAN			Madler			ephai:	ne		?	ा
3		(AS DECEASED EVER es, no or unknown) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 090-16-13		17. INFORMANT Mr Thor	mas D	Lewis	ss Sam	e	
		Conditions, if ony, gove rise to imm couse (o), status	which nediate g the	DUE TO, OI	Respirat RAS A CONSEQUE RAS A CONSEQUE	NCE OF	failure matosis				one m	MATE INTERVAL ONSET AND DEATH
		PART 2. OTHER SIGN		ONDITIONS CO			NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN		ears
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [
7.	MEDICAL CER	2)0. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	H 21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDI	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	l ser	CITY OR TOV	9/70	COUNTY	STATE
		220.1 certify that (I) sow the recease above (II we) (a 22b. SIGNATURE					nd that in (my) (our)	opinion de	eoth occurred on the de	te and hour a	nd from the	
		224 PHYSICIAN'S NA	ME (TYPE OR	DO (عموا	N	ATTEN PHYS	DING	MEDICAL STAI		2/9	7/79
		Dr. Dor	ald C	. Wood			York		& Greenmead	low Dr.	/ /	
0	(5	urial, CREMATION, PECCEPTION	REMOVAL 1	23b. DATE 2/10/7			emetery or crem don Park	ATORY	23d LOCATION CITY OR TOWN Balt	imore,	Maryla	state and
	24. FU	NERAL DIRECTOR	346		ADDRESS	143	HA THE	25a. D	B 16 9979			

Ruck Towson Funeral Home Inc. Towson,

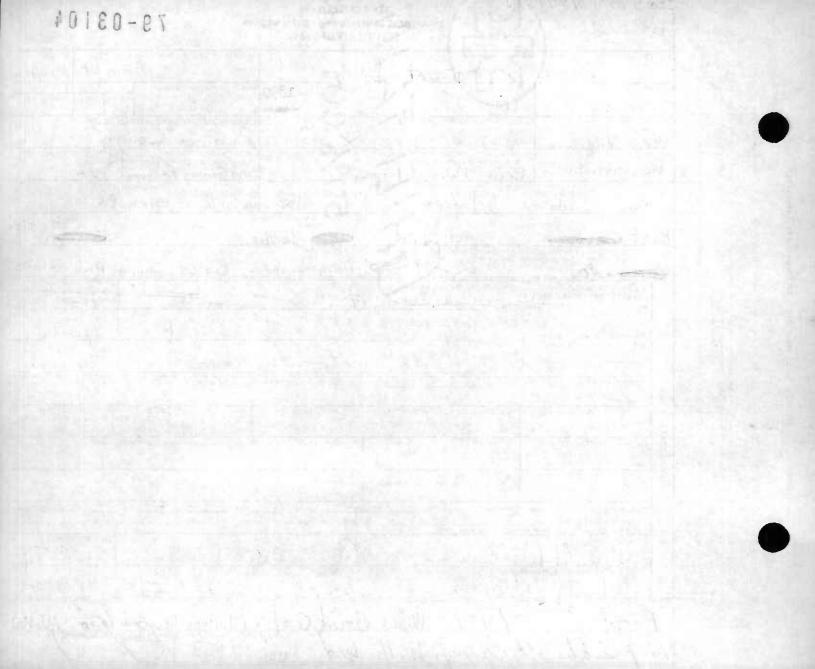
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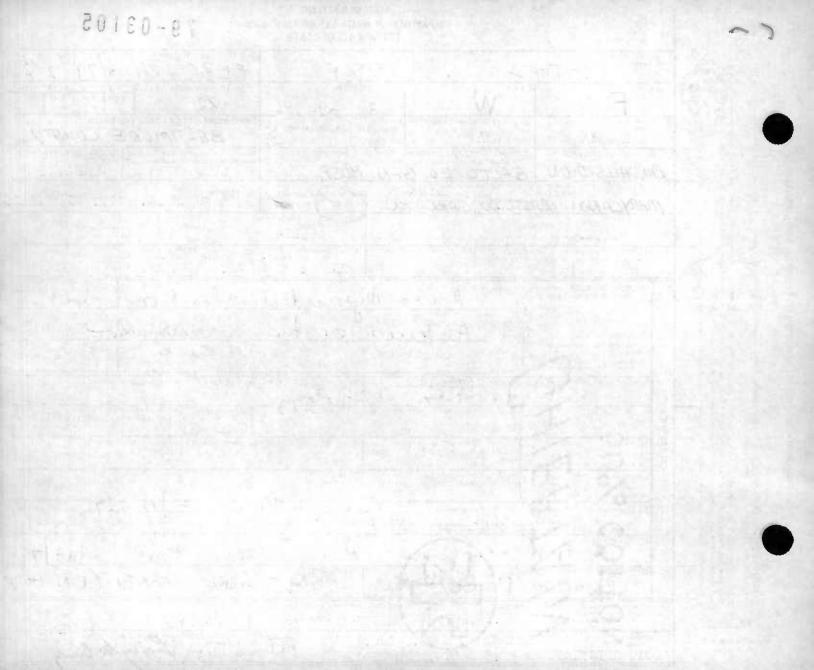


2-03103		
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Billian Charles		
Apply Stone Contract		

1	1.	FOR STATE REGISTRAR		DEPARTM	CERTIFICATE (REG. N	79-03	3104
VI		CEASED NAME FIRST	MIC.	DDLE	LAST				YEAR 2b. HOUR
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1 18	3. SE	~	4. RACE	0	5. DATE OF BIRTH	1,890	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER	R 1 YEAR FUNDER 24 HRS OAYS HOURS MIN
-	70 B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	6 3	0 31	9. BALTIMORE CITY C	YRS.	ATH
Suo 3		DUNTRY)	A		MARRIED NE	DIVORCED	Ball	Count	,
ed a	10. C	TY OR TOWN OF DEATH		SPITAL, NURSIN	WIDOWED K		12a. USUAL OCCUPAT	ON 126	KIND OF BUSINESS OR
notife !		eisterstiwn	Bent	Nus a	Home		Sold Gardon	/ .	USTRY P/A
1000	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	NTY 1:	RESIDENCE BEFORE	ADMISSION) 13d. INST	DE CITY LIMITS?	13e STREET ADDRESS	ersont Ro	c.
Nine V	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTI	HER'S MAIDEN NA			LAST Stickles
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dical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16	SOCIAL SECUI			ADDRI		2142 =
Je m	(45)	NO	2	136-10-	0525 mc	nyckenhol	K, 100135	, Sopper,	md . 21085
ant, the		18 CAUSE OF DEATH (Enter DR PART I. DEATH WAS CAUSE	ly one couse per lin D BY:	refigition, (b) and	Meul C)	0	- a. +	BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ic ev		1 IMMEDIAT	E CAUSE (0)	Circo	e va	Lewis	acure	^	18 hours
er traumatic		Conditions, if ony, which	DUE TO, OR A	AS A CONSEQUE	NCE OF LLL	1 - 0	enerales	0	Elean.
er fra		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEDIE	NCE OF	1 2 1/2	0	1	1
		underlying couse lost.	(c)	Jorte	1 - th	your	-large		Means V
njury, a	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT REL	ATBO TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	APT 1(0)
ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION WAS PE	ERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
7	TIE						YES NO NO	YES [CAUSES OF DEATH?
a		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF		Y YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	PART 2)
9	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		19				
	WED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF (AT HOME, STREET	FINJURY T, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOC	TREET	CITY OR TO	VN COUR	NTY STATE
		AT WORK	. 1	1 16	4-20		0 = 1	10	9
		22a I certify that (1) (this hospi saw the deceased alive on	2-2-	7 197	91 , and that in	(my) (aur) opinion	death occurred on the d	ote and hour and fro	om the causes stated
		22b. SIGNATUREC (did) (did no	tiview the body of	ter deoth.	DEGREE				L DATE SIGNED
,		C.EMY	Villes	ms)	YOU	ATTENDING PHYSICIAN	MEDICAL STA		2-58-79
NA /		22d. PHYSICIAN'S NAME (TYPE O	RPRINT		22e ADI		Do l) .	10.0 5.15
MPORTANT: If Ifen		CILMO	WILLIA	MS	119	of Keister	2.42	roterstone	114,21136
IMPORTA	23a. 6	URIAL, CREMATION, REMOVA	236. DATE / 7	23c. N	AME OF CEMETERY	OFCREMATORY	23d. LOCATION	COUNTY	STATE
-	24 E	JUNE AL DIRECTOR	12/3/1	7 Wei	Jack Niemor	IN CEMPTO	E REC'D. BY REGISTRAR	C GIELLO	Ten Wiva.
77	1.	NAME S	140.	ADDRESS	1/ 1.	/ Bully	NE REC D. BT REGISTRAR	July 1978	TO WHO THE



STATE OF MARYLAND 79-03105 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST 2n DATE OF DEATH DECEASED NAME (TYPE OR PRINT) S. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEX MONTH YEAR DAYS HOURS EMALE HITE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNT RUSSIA USA DIVORCEDXIXIX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ME CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME MSUAL RESIDENCE LIF HURSING HOME OR OTHER INSTITUTION. 3812 FORDS LA., APT. #3 YES D S MOTHER'S MAIDEN NAME 4 FATHER'S NAME CELTA UNKNOWN CHARLES SAHM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. SAMUEL PERKAL (YES, NOOR UNKNOWN) I HE YES, GIVE WAR OR DATES) #21208 8235 McDONOGH RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 226 SIGNATUR ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 22e. ADD-RE ld be 224 PHYSICIAN'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL, CREMATION, REMOVAL COUNTY STATE BURTAL FEB.15,1979 HEBREW FRIENDSHIP BALTIMORE 24 FUNERAL DIRECTOR SOL LEVINSON & BRQS., INC. DHMH - 16 50M 7/77 (VRA 15(4)) 6010 REISTERSTOWN RD., BALTO., MD 21215



9-03106 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) Helen T. Lonsdale February 27, 1979 8:00 PM 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNIDER 24 HR 3. SEX MONTH HOURS Female. White June 5, 1903 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York U. S. A. WIDOWEDKK DIVORCED [Baltimore County IN CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Towson Dulaney Towson Nursing Home Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Lutherville 1121 Longbrook Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Banks Eugene Thompson Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-28-5487A Joanne L. DeWinter, Same As #13e 18 CAUSE OF DEATH (Enter only one cause per ling for to be (b), and 4c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated gbove, (1) (we) (did v did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 100 STAFF PHYSICIAN THECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the Marcio M. Menendez M. D. 5820 York Road, Baltimore, Maryland 21212 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial Pikesville, Balto. Maryland Druid Ridge Cemetery 3 - 2 - 79BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 MAR

(VRA 15 (4))

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	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-03107

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10	3 - 0 3	101
	CEASED NAME	FIRST	0207	MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
1,,,,	- CRPRINI)	EANO	ary	leanor	6	40616		2	9 79	656
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEA	
	Female		Wh	ite	Apr		73	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED (9. BALTIMORE CITY			
	Maryland		U.S	.A.	WIDOWE			Ba	ltimore	^
	ITY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	125. KIND	OF BUSINESS C
	Towson	1		y-Towson		ng Home	(TYPE OF WORK FOR MOST	OF WORKING		y Hosp.
JUSU	AL RESIDENCE (IF NURS		THER INSTITUTION		ADMISSION)	113d. INSIDE CITY LIMITS	13e STREET ADDRESS			,
-	rvland	Carro		Westmins		YES NO XX			lle Roa	đ
14. F.	ATHER'S NAME		DDLE	1467		15. MOTHER'S MAIDEN	NAME			
	James		L.	Behr		Mary	A			well
16a \	WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDI	RESS		
- '	No No	(IF YES, GIVE W	VAR OR DATES	215 09 2	061	Miss Margar	et M. Ludwi	9		
	18 CAUSE OF DEAT	H (Enter anly	ane couse pe	r line far (a), (b), and	lic.			<u> </u>	APPRO	XIMATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY:	Ru		1 herware	Ara.		2	118
	gave rise to imm	ng the	DUE TO, C	R AS A CONSEQUE	NCEOF					0
	underlying couse	0	DUE TO, C	R AS A CONSEQUE	NCEOF					
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	PMINAL DISEASE OF COL	NDITION G	LIVEN IN PART 1	(a)
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CERTIFICATION	19a DATE OF OPERAT	TION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. # Y	ES, WERE FIND	INGS USED
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	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		'	.M. MONTH DA .M.	Y YEAR					
MEDICAL	216. INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION STREET				
Z	WHILE NOT WE AT WORK	HILE D	(AT HOME, S)	REET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREEI	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (1)		il) attended ti	ne deceased fram	6	Lps 1966		69	1979	, that (I) (we) la
	saw the decease	ed olive an_	Fi	68 197	9 . ai	nd that in (my) (our) apinio	an death accurred an the	date and h	aur and from th	
	obave, (1) (we) (a 22b. SIGNATURE	ser) (did not)	view the book	offer deoffi.	/ ,	DEGREE			22c. DAT	ESIGNED
	Fan Dis	ich (7 7/1	Much	72	ATTENDING	MEDICAL ST.	AFF	2-	9-79
	22d PHYSICIAN'S NA	AME (TYPE OR F		nouve ,	4	22e ADDRESS	E DIKECTOR 11113	ICIAIT L		/ //
	FOED.	0168	TV	LLMER		bin Va	W RA BAI	TIMO	RE Mo.	2/2/2
23n	DUDIAL CREMATION					0100 10K		, , ,,,,,,	10,	
		REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATOR	V 173d LOCATION			
	Burial	REMOVAL	23b. DATE			deemer Cemet	CITY OR TOWN	20	COUNTY	STATE Md.
24. F	Burial	REMOVAL	23b. DATE 2/12/	1979 Ho	ly Re	deemer Cemet	ery Baltimo	re		Md.
24. F	Burial UNERAL DECTOR homas D. F.	Zaloka	2/12/ 254 E	1979 Ho	ly Re	deemer Cemet	ery Baltimo	re		Md.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 7/77 (VR A 15 (4))

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IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03108 70

REGISTR	AR					REG. N	O.		
1. DECEASED N (TYPE OR PRINT)	ELM	ER C	DIE	LUPTO	N	20 DATE OF DEATH	2 - 2	YEAR, 79	6 3
3. SEX MAL		1 RACE WHITE		DATE OF BIRTH	AY - YEAR - 02	6. AGE (IN YEARS LAST BIR		O TOLK / TEAK	IF UNDER
To BIRTHPLACE COUNTRY) HOXIE	44. 4	76. CITIZEN OF WI	1_	MARRIED ANE	VER MARRIED DIVORCED	9 BALTIMORE CITY OF	10 at	FDEATH	
RUX	ON		SPITAL, NURSING		INSTITUTION	120 USUAL OCCUPAT (TYP) OF WORK FOR MOST	WORKING LIFE)	126 KIND OF INDUSTRY	BUSINE
USUAL RESIDER	NCE (IF NURSING HOME O	ROTHER INSTITUTION, GI	THE RESIDENCE BEFORE AD		DE CITY LIMITS?	13e. STREET ADDRESS	instlnk	ie Av	ñ
14 FATHER'S N.		LUPTON	LAST	15 MOT	FRST ARA	BELL MODLEY	Hi	LAST	
16a WAS DECE. (YES, NO OR UI	ASED EVER IN U.S. A NKNOWN) (IF YES, GI	RMED FORCES? 16 E WAR OR DATES)	511-01-7801	B 17 INFO	FAMIL	/ RECORN			
gave ri couse	IMMEDIA ns, if any, which se to immediate (a), stoting the	DUE TO, OR A	AS A CONSEQUENC		0				
gave ri couse underly:	ns, if any, which se to immediate (a), stoting the ng couse lost	DUE TO, OR A	AS A CONSEQUENC	CE OF	ATED TO THE TERM	IŅAL DISEASE OR CON	ADITION GIVEN	IN PART 110	
gave ri couse underly:	ns, if any, which se to immediate (a), stoting the ng couse lost	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON	AS A CONSEQUENC	CE OF ATH BUT NOT REL		INAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, V	VERE FINDING	F DEAT
PART 2 COUSE underly: PART 2 COUSE 19a DATE 21a. ACCID	ns, if any, which se to immediate o) stating the ng cause lost	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 196 CONDITION 176 CONDITION 176 CONDITION 176 CONDITION 176 CONDITION 177 CONDITION 178 CONDITIO	AS A CONSEQUENCE ON FOR WHICH OF	TH BUT NOT REL	ERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES C	
GALCALO GAL	ns, if any, which se to immediate of storing the ng couse lost OF OPERATION ENT WAS UNDERLYING [BUTING] CAUSE OF DE	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 196 CONDITION ATH P.M. 216 PLACE OF	AS A CONSEQUENCE ON FOR WHICH OF MJURY MONTH DAY	PERATION WAS PERAT	ERFORMED WINJURY OCCURI	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES C	F DEAT
WHILE LIFE ITHER. 21a. ACCID OR CONTR (IF EITHER. 21d IN JUI WHILE AT WORK 22a. I cert Saw obay	ons, if any, which se to immediate on, stating the neg couse last OTHER SIGNIFICANT OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DE NOTIFY MEDICAL EXAMINER OF THE NOTIFY MEDIC	DUE TO, OR A (b) DUE TO, OR A IC) CONDITIONS CON 196 CONDITION 196 CONDITION ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET) irol) attended the control of the c	ON FOR WHICH OF MJURY MONTH DAY INJURY I, FACTORY, OFFICE, FARA deceased fram	YEAR 19 216, HO S1 , and that in	RFORMED W INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, V IN CERTIFYII YES IRY IN ITEM 18, PART	WERE FINDING NG CAUSES C ON (1) OR PART (2) COUNTY	ST.
WEDICAL PART 2 CO PART 2 CO 19a DATE 21a. ACCID OR CONTR (IF EITHER. 21d. INJUIL 22a. I cert saw obav 22b. SIGN	ons, if any, which se to immediate (a), stating the ong cause last OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DE NOTIFY MEDICAL EXAMINER AT WORK If that (I) (Mis. hasp the deceased alive a (a), (I) (ME) (did) (did did a) ATURE	DUE TO, OR A (b) DUE TO, OR A 10) CONDITIONS CON 196 CONDITION 216 TIME OF I ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET	ON FOR WHICH OF MJURY MONTH DAY INJURY I, FACTORY, OFFICE, FARA deceased fram	YEAR 19 211. LOC A.ETC.) 216. HO DEGREE	W INJURY OCCURI	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUITED OF	20b. IF YES, VIN CERTIFYII YES WN 19 date and haur o	WERE FINDING NG CAUSES C ON (1) OR PART (2) COUNTY	ST. of (I) (I)
WEDICAL SIGN TO STATE	INTER SIGNIFICANT OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DE NOT WHILE AT WORK AT URE LICIAN'S NAME WEEL LICIAN'S NAME LICI	DUE TO, OR A (b) DUE TO, OR A (c) 19b. CONDITIONS CON 19b. CONDITIONS CON 21b. TIME OF I HOUR A.M. 21e. PLACE OF [AT HOME, STREET] (view the body of DEPRINT) AND AND REPRINT) M. VIEW THE BODY AND REPRINTO	ITRIBUTING TO DEADON FOR WHICH OF MUNICIPAL MONTH DAY MONTH DAY INJURY I, FACTORY, OFFICE, FARM deceased from 1979 ter death.	YEAR 19 211. LOC A.ETC.) 216. HO DEGREE	ERFORMED W INJURY OCCURI ATION REET (my) (my) opinion ATTENDING PHYSICIAN (a) ORESS YORK	20a AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the a	20b. IF YES, VIN CERTIFYII YES WN 19 date and haur o	WERE FINDING NG CAUSES C	ST of (I) (II)

DHMH - 16 50M 1/76 (VR A 15 (4))

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etained by the haspital or attending physician.

1	9	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	79-03109
pe pe	m II.		CEASED NAME FIRST AUGUS	MIDDLE →		ISTE	Feb. 20, 197	DAY YEAR 26. HOUR
ве 4 моу	rector, popular office de	3. SE	x Male	RACE White	S. DATE C	t. 19, 1906	6. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deam Po	within 72 hor	7	RTHPLACE (STATE OR FOREIGN OUNTRY) Estonia	76. CITIZEN OF WHAT COUNTRY: Estonia	WIDOWE		Baltimore Baltimore	County
urs after	filed with	B	altimore	11. NAME OF HOSPITAL, NURSI (IEHOT, INSUCH FACULTY, GIVE STREE 5715 MCCOTTLC	K Aven	ue	TYPE OF WORK FOR MOST OF WORKING CAMPENTER	126. KIND OF BUSINESS OR INDUSTRY
in 24 ha	should be	130.	TATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO VERY BALTIMO	RE ADMISSION) VN CE	13d. INSIDE CITY LIMITS? YES NO	134. STREET ADDRESS MCCorm:	ick Avenue
oted with	amplete I and 2	3/1	Karl	Maiste Maiste		Ann	WIDDLE	Matlik
be exec	an and c		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 166 SOCIAL SECTION OF DATES) 222-20-		Mrs. Alice	Maiste same	
ertificate	ng physici ban papel remaval.			nly one couse per line for (a), (b), or ED BY. TE CAUSE (a)	ATIC	CARCINO	om atosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTH
that the death certificate	the ottendir remave carb rematian, ar		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO THE TO, OR AS A CONSEQUENT OF THE TOTAL OF T	144	of Co.	KON	? 9 MONTHS
requires tha	en signed by Then please at ta burial, a	NOIL		(c)CONTRIBUTING TO			INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
The law	te has be risit permit giene pris shows any	CERTIFICATION	190 DATE OF OPERATION 6/10/28 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	Colon	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
YSICIAN:	burial-frai Mental Hy ar Item 18	MEDICAL C	216 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
OING PH	After this as the balth and A	WEL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET 10 > 8	CITY OR TOWN	COUNTY STATE
ATTEND hospital o	RECTOR: ed for use pt of Hec em 21 is n		snw the deceased glive on	nol) attended the deceased from 19_11 view the body offer death.	48,00		death accurred on the date and	hour and from the causes stated
PITAL by the	FUNERAL DI uld be detach the State De ORTANT: If It	-	22d PHYSICIAN'S NAME (TYPE O	T Doct	2	ATTENDING L	MEDICAL STAFF DIRECTOR PHYSICIAN	2/22/79
TO HOS	should be det with the State	23a f	LIBIAL CREATATION DEMOVAL	S T. Daly, M.D.	NAME OF C	4300 N. Ch	larles Street	
ВР		74 5	Burial	Feb. 24, 1979 P	arkwoo	od Iss DATE	Baltimore REC'D. BY REGISTRAR 256. REG	COUNTY STATE Md.
	HMH-16 20M A 15, 4) 7/7B	Le	onard J. Ruck,	Inc. 5305 Harford	Rd B		EB 22 1979	listry heling

injury, ar other traumatic event, the

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03110

REGISTRAR		CERTIFI	CATE OF D	EAIN	REG. NO.	3 03	, , , ,	
1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LA	ST	71 75 1	20. DATE OF DEATH MONTH	DAY YEAR	20,110011	
Gert	rude E.	Ma]	Linows	ki	2	22 7	9	
3 SEX	4. RACE	5 DATE O		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)			
Female	White	5	18	12	66 YRS		POR PART 2) UNDER 1 YEAR FUNDER 24 NTHS OAYS HOURS A F DEATH 1 TY 128. KIND OF BUSINESS INDUSTRY OR AVENUE HOLIAND HOLIAN	
70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8	□ NEVER M	ARRIED []	9 BALTIMORE CITY <u>OR</u> COUN	TY OF DEATH		
Maryland	U.S.A.	WIDOWE		ORCED	Baltimore Co	unty	YEAR 26. HOUR 79 INDER I YEAR FUNDER 24 THIS OAYS HOURS A DEATH TY 126. KIND OF BUSINESS INDUSTRY d Avenue Holland int Drive nold, MD21 APPROXIMATE INTERNA BFTWEEN ONSELAND DE IN PART 1(a) (ERE FINDINGS USED IN CAUSES OF DEATH? NO 1 I OR PART 2) COUNTY STATE 222. DAYE SIGNED 222. DAYE SIGNED 222. DAYE SIGNED	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INST	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING			
Dundalk	7893 Charl	esmont	Road		Housewife	1,10001		
ISUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE UNTY 13c. CITY OR	BEFORE ADMISSION)	13d INSIDE CI	TY HAUTS?	13e STREET ADDRESS			
Maryland		imore		NO 🗌		rood A	venue	
4 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S	MAIDEN NAM	WIODIE			
7 11/31	Hor		El	izabet	th	Но	lland	
60 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN	VT	755 Watch	Point	Drive	
NO NO		0-9853	Berna	rd P.	Malinowski,	Arnol	d,MD21	
18 CAUSE OF DEATH (Enter	only one couse per line tor (0), (b	bi, ong'içi.	^		-10/1	APPR BFTWE	OXIMATE INTERVAL	
PART I. DEATH WAS CAU	SED BY:	9104	July	mar	y taduel	- 1	ed.	
1809	DUE TO, OR AS A CONS	SEQUENCE OF		. 1			2110	
Conditions, if any, which	((b) (7	wins	u'any	me	Vas Vasla		, , , ,	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A GONS	SEQUENCE OF	1	A)	0	1	121	
underlying cause last	(a) (a)	unn	-ad	1 ce	ervy	/	Um	
	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OF CONDITION G	IVEN IN PART	1(0)	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						201	White of	
M DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFOR	RMED				
T						YES 🗌	The second secon	
OR COLUMN TO THE CALLER OF S	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	B, PART I OR PART 2	2)	
(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19					ATTENDED.	
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE	
AT WORK AT WORK					11			
	22a.1 certify that (1) (this hospital) attended the deceased from							
	pot) view the body ofter death.	()		opinion d	deoth occurred on the date and h			
226. SIGNATURE	1 1 1	1	EGREE	TENDING	AAEDICAL STAFF	22c. DA	SIGNED	
design e	inne	11	"// P	HYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	12/	23/19	
22d. PHYSICIAM'S NAME (TYPE	e OR PRINT)		Tread	Per B	all hed 6	In Kan	2/20	
30. BURIAL, CREMATION, REMOVA	23h DATE 2-27-79	230 NAME OF CE	METERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
Burial		Holy Ro	osary	Cem.	Baltimore,			
I FUNERAL DIRECTOR Duda	Annes	SS		25a. DATE	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGN	ATURE	
7922 Wise A	venue, Dunda	alk, MD	2122	2	2 9 0 1070 Kin	try Ma	Creody	

DHMH-16 50M7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral distribute be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO. / 9 - 0 3 1 1 3
1.	∤: DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
0	(TYPE	WILLIAM	M JOHN	MANIK	FEBRUARY 19,1979 10:40R
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
3/1	Ma	ale	Caucasian	June 7,1930	AR AR MONTHS DAYS HOURS MIN.
e le	70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	BALTIMORE CITY OR COUNTY OF DEATH
0/6		enna.	U.S.A.	WIDOWED DIVORCE	TAT MITACODE COTTATME
S Capified		TOWSON	NAME OF HOSPITAL, NURSING SAINT JOSEPH		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Remodling Home Imp.
most pe	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 138. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	13d INSIDE CITY LIM	ITS? 13e STREET ADDRESS
Komine		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDI FIRST	EN NAME MIDDLE LAST
0		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUE		7 Pope ADDRESS
media	Ye	YES, NO OR UNKNOWN) (IF YES, GIVE	ean 212-26-8	3509 Mary Man	nik(wife)same as 13
ws ony injury, or ather traumatic even	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF NCE OF EATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MPORTANT: If Item 21 is marked an Item 18 shows	MEDICAL CERT		21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 1) oftended the deceosed from 19	19 211. LOCATION STREET	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 7 9 10 2 19 7 9 that (1) We last pinion death occurred on the date and hour and from the causes stated
PORTANI: # Ite		22d. PHYSICIAN'S NAME (TYPE OF	fying cxin	ATTEND PHYSIC 220. ADDRESS	
₹	23a E	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF CEMETERY OR CREMA	TORY 23d. LOCATION COUNTY STATE
	1	rial	, ,		7 7
7		THE Fune	eral 30001	Brehms Lane	
		ome.Tnc.	Balto	.Md. 21213	- 0 1313 [Fifther 1

BP DHMH - 16 50M 7/77 (VR A 15 (4))

Home, Inc.

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VANCOO ETONICAE			
	TAUTUROUT	TIBOT THIAS	TOWSOR
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STATE OF MARYLAND

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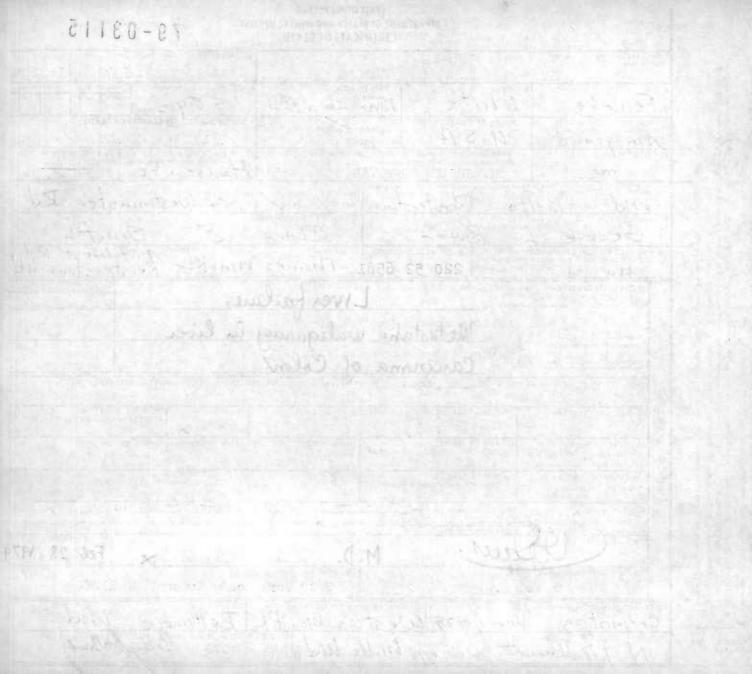
BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

ST	ATE	OF	MARYLAND	
	MIL		IMPRICATION	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02115

	· STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	9-0311	,
	CEASED NAME FIRST	WIDDLE	LA	ŠT .	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	IDA	Α.	MAR	KLE	FEBRUARY	28, 1979	1:20 p _M
3. SE)	Female 18hi			5. DATE OF BIRTH MONTH DAY 1920 6. AGE (IN YEARS LAST BIRTHDAY) FOR MONTH MONTH 1940 194			IF UNDER 24 HRS HOURS MIN.
1	nary/And	U.SA	MARRIED WIDOWEL		Commence of the Commence of th	RE COUNTY	MD
	TOWSON		PH HOSPITA		TOUS CUPATRO	FWORKING LIFE) INDUSTRY	F BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BAL		ENCE BEFORE ADMISSION) OF TOWN TENSTOWN	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	stmuster	Rd
	GEOVE 1	10.11	LAST	15. MOTHER'S MAIDEN NAM	S. MIDDLE	5mitis	4
		MED FORCES? 166 SOC WAR OR DATES) 221	52 658	Thomas	MArkLe	" 154 Wes Reistensta	t. Kd
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OTAS A CONSEQUENCE OF conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost DUE TO, ORAS A CONSEQUENCE OF COLOR COLO						
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT I	RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 10	a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE OT WHILE OF AT WORK	216. PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOW		STATE
	220.1 certify that X (this haspital) attended the deceased from February / 19 / 19 / 10 February 28 / 19/9 , sow the deceased alive or February 28 / 19 / 19 , and that in (39) (aur) apinion death accurred on the date and have and from the above, V (we) (did) (all V (v) which body after death.						
	226. SIGNATURE	aus	M.		MEDICAL STAF	FF FEL.	28,197
	224 BHYSICIANI'S NIAME						
	22d PHYSICIAN'S NAME (TYPE OR DAM VO	M.D.		7620 York	Road, Towso	on, MD 21204	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2a. DATE KNOWN D (TYPE OR P OF ESTI-DEATH MATED 6. AGE (IN YEARS SEX 2€. DATE LAST BIRTHDAY PRONOUNCED 9 YRS 1899 DEAD 7a. BIRTHPLACE COUNTRY? 9. BALTIMORE CILY OR COUNTY OF DEATH FOREIGN CO NEVER MARRIED WIDOWED DIVORCED 301 W. SHOULD BE FILED, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS owson GIVE RESIDENCE BEFORE ADMISSION) 14. FATHER'S NAME RES MAIDEN NAME MIDDLE WITH FORM
T. PAGES 1 AN
DIVISION OF 160. WAS DECEASED EVER (YES, NO OF UNKNOWN) IN U.S. ARMED FORCES? SOCIAL SECURITY NO ORMAN' **ADDRESS** (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per ling APPROXIMATE INTERVAL PERMIT BETWEEN ONSET AND DEATH ALONG HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE AND MENTAL HY OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last E USED AS A BURI OF HEALTH AND JAL, CREMATION, C MEDICAL CERTIFICATION 19a. DATE OF OPERATION CHEF TO BURJAL PAGE 3 SHOULD BE STATE DEPARTMENT (21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21201 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXAMINER: 22a. I certify that I taok charge of the remains described above, held an Autopsy DIRECTOR: and in my apinian Inspection MARYLAND death resulted fran Suicide Undetermined manner ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V DATE SIGNATURE SIGNED BALTIMORE, EXAMINER'S NAME TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23¢, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE Park Baltimore Co... BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Johnson 8521 Loch Raven Blvd 30M 7/73

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIER
CERTIFICATE OF DEATH	

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X	1 -	STATE REGISTRAR		DEFARIA	CERTIFICATE OF DEATH						
		CEASED NAME FIRST MARGAR		E.	MA	ASH	20. DATE OF DEATH	2 1	6 79	26. HOU 5PM	
)	3 SEX	FEMALE	4 RACE White		S DATE O	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DA	EAR IF UNDER	MIN
35		RTHPLACE (STATE OR FOREIGN DUNTRY) Laryland	U.S.A	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY		Cour	ity,	MD.
54	10. CITY OR TOWN OF DEATH 11. NAME OF I (IF NOT IN SUC			OSPITAL, NURSIN HEACIUTY, GIVE STREET / GBMC		R OTHER INSTITUTION	126. USUAL OCCUP (TYPE OF WORK FOR MO: Housewi	T OF WORKING	INDUS	ID OF BUSINE	
75	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUPLETED BALT	VIY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Brookla:	N	134. INSIDE CITY LIMITS?	130 STREET ADDRES	is 11s R	oad		
131	14. FA	THER'S NAME James	MIDDLE	Seipp		IS MOTHER'S MAIDEN NAME FIRST	WIDDLI		Hook	LAST	
1	()	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (1F YES, GIVI	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-07-1	RITY NO. 6259I	Violet Ro		PRESS +11 R.			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (0)	line for (o), (b), one	d (c). (PNEUMONIA				POXIMATE INTER	PEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE		TERMINAL CA	NCER				
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT (OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WI IN CERTIFYING					NDINGS USED	TH?	
9	CAL CERT	21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE.	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c, HOW INJURY OCCURR	YES NO YES NO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				,
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.		21f. LOCATION STREET	CITY OR	IOWN	COUNTY	ST	TATE
		22a. I certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no			, on	2-8, 1/9 d that in (Xy) (our) opinion o	to 2	- 16 date and ha	., 19. <u>79</u> our ond from	_, that (h) (h	we) lost oted
		22b. SIGNATURE DE	mod	Spor	/	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	222	ATE SIGNED	7.9
1	6	PATPHYSICIAN'S NAME (TYPE OF	SENW	ETT		22e. ADDRESS BM	2				
	(BURIAL, CREMATION, REMOVAL SPECIFY) Arial	23b. DATE Feb. 1			EMETERY OR CREMATORY S Church	23d LOCATION CITY OR TOWN Balti		COUNTY	Md.	ATE
		UNERAL DIRECTOR LIliam E. Jol	nnson 8	3521 Loc	h Ra		R o 3 1070	1 19	truy 1	C. Cresch	4

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) RIFIDA 8:30M 1 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Female White 11-25-1899 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED arvland Baltimore County DIVORCED WIDOWEDTE IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h, KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Baltimore 4112 Pinedale Drive Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS arvland 4112 Pinedale Drive Baltimore Baltimore NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Unknown Frieda Klein ADDRESS 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 215-34-7488 Donald. W. Mattes 4112 Pinedale Dri APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a 0 OR AS A CONSEQUENCE OF whole clark Conditions, if any, which gave rise to immediate couse (o), stating the DUÉTO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? nd Mentol Hygiene NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE

NOT WHILE SAZHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) ottended the deceased from saw the deceased alive an abave, (I) (we) (did) (did nat) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF + ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Tauson Md 2 120c 230. BURIAL CREMATION REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE (SPECIFY) 2-27-79 Burial Gardens of Faith Balto. Balto., Md. 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Lassahn Funeral Home 7401 Belair Road

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE

79-03121

Tistay hale

		STATE REGISTRAR		FICATE OF DEATH	REG. NO.	
		CEASED NAME ROBER		DIN, Sr.		:00
83	3. SE		4. RACE S. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UN MONTHS DAYS HOUSE	DER 24 H
3.5		ale	White Oct.	11, 1927	51 YRS.	
20	C	RTHPLACE (STATE OF FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE	XX NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
50		aryland TY OR TOWN OF DEATH	U.S.A. WIDOW		BALTIMORE COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUS	1.15.00
58		TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. JOSEPH HOSPIT		(TYPE OF WORK FOR MOST OF WORKING LIFE) Banker The cor work for most of working Life) The correction of the correc	
30	Ma	ryland Bal	rother institution, give residence before admission) vity 131. CITY OR TOWN timore 21234	13d INSIDE CITY LIMITS? YES NO A	13. STREET ADDRESS 2509 Glencoe Road	
230	На		Mauldin	Carrie	M. Brooks	
	16a. V	VAS DECEASED EVER IN Ú.S. AR es, no or unknown) es (If yes, give	WAR OR DATEST	Wilma R. Ma	auldin 2509 Glencoe Rd	
	NOI	gove rise to immediate cause (a), stating the underlying cause fast. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO X	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE
	-	22a. I certify that 🂢 (this haspi	tal) attended the deceased from February 20 19 79 of Kview the body after death.	nd that in (🕬 (our) aninian	, toFebruary_20, 1979, that @ death accurred on the date and hour and from the couse	K(we)
		sow the deceased alive on abave, (**(we) (did) (d**d**)	Kview the bady after death.	na mar in ordi (seri) epimen		
		22b. SIGNATURE	2 Grochal.	ATTENDING PHYSICIAN [MEDICAL STAFF	ED
MOKING THE STATE OF THE STATE O		226. PHYSICIAN SNAME (TYPE O	2 Grochal.	ATTENDING PHYSICIAN [77.C. DATE SIGN	ED

William E. Johnson 8521 Loch Raven Blvd. FEB 23 1979

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Walter Brooks Bradlev Inc Dundalk, Md.

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13-03122

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) H. Downman McCarty Feb. 21, 1979 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAYS HOURS Male White Feb. 64 Vrs YRS BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED U.S.A Baltimore Co. Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 213 Woodbrook La. (TYPE OF WORK FOR MOST OF WORKING LIFE)
President - Tool Manufact. Co. Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LIBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 213 Woodbrook La. (21212) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Balto Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST DuBois McCarty Mary Maitland Harry ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Michael Warlow-5 McKin Ave. (21212) Yes 215-10-9583 WW II APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other couse 10), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 nun prior 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the buriol-tronsit per ond Mental Hygiene NON YES [NO [sha 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 1-23 sow the deceased alive on 1-23 - obove, (I) (whe) id did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 90 DIRE 226 SIGNATURE DEGREE 22c. DATE SIGNED #e O FUNERAL D hould be detail with the State D * ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ress . M. onald 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Baltimore, Maryland Security Process, Inc. Cremation STRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Alan Seitz Funeral Home 3818 Roland Ave.

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completely filted in by the funeral of and 2 should be filed within 72 h

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CERTIFICATE OF DEATH

Burial 3-3-79 Dulaney Valley
A FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Rd. 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR			DEPARTM		FICATE OF DEATH	REG. N	79-	0312	5	
	CEASED NAME	FIRST	- '	MIDDLE	ı	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
(TYPE	OR PRINT)	Ch	arles E	B. MCGINN	VIS :	Sr.	February		1979		5P M
3. SE			4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS	24 HRS
lal	е		White		11-7	7-09 DAY YEAR	69	YRS.	MONTHS DATS	HOURS	MIN
	RTHPLACE (STATE OR FO	OREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE		Baltimore city o	_			MD.
	TY OR TOWN OF DEAR Rosedale	ATH		OSPITAL, NURSING		or other institution	120. USUAL OCCUPATION OF WORK FOR MOST OF ALESPETSON	ON F WORKING I	12b. KIND C INDUSTRY. Reta		SSOR
13a. S	AL RESIDENCE (IF NURS LATE Maryland	Harto	ROTHER INSTITUTION, NTY Ord	GIVE RESIDENCE BEFORE	admission) V	13d. INSIDE CITY LIMITS? YES NO	350 Pentwoo	d Rd	21014		
14. FA	THER'S NAME	Fr 11	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	7	
	John			McGinnis		Augusta	Wilamina		Kothe		
16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS			
NO	res, no or unknown]	(IF YES, GIV	E WAR OR DATES)	215-05-3	960	Margaret E. M	OCinnic 950	Pont	trand Pd	210	1 /4
NOI	_	which mediate last.	DUE TO, O	Myocardi R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	nfarction NOT RELATED TO THE TERM ySm	LINAL DISEASE OR CON	DITION G		MATE INTER ONSET AND	<u> </u>
CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USET	H2
E							YES NOXX		ES [NO [
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	Ρ.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	, PART 1 OR PART 2]		
MED	21d. INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	MM	COUNTY	ST	ATE
	220. I certify that by sow the decease obove, the well (22b. SIGN TURE)	(this hosp ed olive or did) (did no	Feb.	28 19		nd that in (mg) (our) opinion DEGREE A T D ATTENDING PHYSICIAN C 22e ADDRESS 9000 Fran	MEDICAL STAI	FF CIAN 🕒	221. DATS	that of (vacouses stores)	
23o E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	O Plan	

Dulaney Valley Mem Gar Lutherville Balto Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MAR 8 1979

BP.

TO FUNERAL DIRECTOR: After this certificate has been

etained by the haspital or attending physicio

TO HOSPITAL

IMPORTANT: If them 21 is marked or Item 18 shows any

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, the

DHMH - 16 50M 7/77 (VR A 15 (4))

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				With the same	
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79-03126 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) LYEAR ale OAYS HOURS December 31, 1899 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN MARRIED NEVER MARRIED USA Maruland WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Balto. yas & ustomer Jer Dorchester ambridge 13d INSIDE CITY LIMITS? 13. REEL APOR Paruland Cason's Neck Road 15 MOTHER'S MAIDEN NAME Sarah F. Bailey John McGrath 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Milbourne E. McGrath 109 & Rock Glen Rd. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH IEnter only one couse per line for in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON eniosclerosis-Conditions, if any, which gove rise to immediate couse (o), stoting the DNSEQUENCE OF eriosclerosisunderlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOU YES [NO [18 sh 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) overled sow the depended alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECT 22c. DATE SIGNE DEGREE + MEDICAL ATTENDING STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN HYSICIAN'S NAME (TYPE OR PRINT) 22e_ADDRESS should be with the 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE Burial reenlawn emeteru ambridge Vorchester 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Ambrose Funeral Home 1328 Sulphur Spring Rd. (VR A 15 (4))

STATE OF MARYLAND

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			Ball State	had paid
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STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENEREG.	79-	03128
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	L	AST	26. DATE OF DEATH	MONTH DA	Y YEAR 26. HOUR
Alice		Rush	McKE		Haru	1	1819 AK
3 SEX	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST !		FUNDER I YEAR IF UNDER 24 H
F	W		Mar	ch 30, 1884	94	YRS	
.7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH
Pa.		SA	WIDOWE	DIVORCED [Baltimo		nty
10. CITY OR TOWN OF DEATH Ruxton	JIF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET CURVING		R OTHER INSTITUTION	(TYPE OF WORK FOR MOS Sales-Re	OF WORKING LIFE	Self-emp.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. CO	INTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		
Maryland Ba	alto.	Ruxton		YES NO NO NO NA	7606 Cui	rving L	ane
Benjamin	MIDDLE	Rush		FIRST Louisa	WIDDLE	Во	owdoin
18 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS	
(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES	215-03-	4153	Mr. Charl	es H. Ca	rter	Florida
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	e las des Vi			
PART 2 OTHER SIGNIFICANT					300		
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NOW	IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	EATH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	RT 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY STATE
22a.1 certify that (I) (this has saw the deceased alive o above, (I) (did) (did)	n 0 740	recared 19	/	d that in (my) (our) apinibn	, todeath occurred on the		
226. SIGNAVERE	U J.	Kees	N	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	24 Deferme
3018 Nouls	ORPRINTI G Mill	Rd WALT	Enj.	LEES 30/8	Hoads M	il Rd	Markelin 1
230. BURIAL, CREMATION, REMOVA	2/28/7			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Raltim	ore Co	OUNTY STATE

DHMH - 16 50M7/77 (VR A 15 (4))

BP.

York Road Balto., Md. 21212 24 FUNERAL DIRECTOR 4905

FEB 28 1979

79-03128 Marko enemi, . Straffe P. East Property i/Commercial Muryland Salks. Huston I a 150 Curvins Walfall Panlantin. 215-09 4189 Wr. Charles H. Carlar Assistanta Edit 6 Was 1 to 1812 . She to 1812 to 1814

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

Brazdzinski

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03129

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	
	PECEASED NAME FIRST	Sadie Fr	rances McPhe	rson	20. DATE OF DEATH		2b. HOUR
3 St	Female	White	May Men		6 AGE (IN YEARS LAST BIR	YRS DAYS	
06	BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Paul, Minn.	76 CITIZEN OF WH	IAT COUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	er county of DEATH	y
CN	CITY OR TOWN OF DEATH Middle River 2	220 NOT IN SUCH FA	SPITAL, NURSING HOME C	ROTHER INSTITUTION Road	Companion		of Business of
130	-0-	ROTHER INSTITUTION, GIV NTY CIMORE	residence BER 2200n) Lity or To Wiver	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ourth Road 2	21220
2	FATHER'S NAME FIRST Leonard	Ayde	LAST		rah F. Rober	tson	AST
	WAS DECEASED EVER IN U.S. AF {YES, NO OR UNKNOWN} (IF YES, GIV	E WAR OR DATES	+76 24 7346	17 INFORMANT Rosemary Hal	1, Dughter	Sme	DXIMATE INTERVAL N ONSET AND DEATH
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	((c)CONDITIONS <u>CON</u>	S A CONSEQUENCE OF TRIBUTING TO DEATH BUT ON FOR WHICH OPERATION		NINAL DISEASE OR CON	DITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	OINGS USED
MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY YEAR	216. HOW INJURY OCCUR	YES NO		NO STATE
	220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (were listed (did not 226. SIGNATURE)	A O L	er deatha	od that in (my) (and opinion DEGREE ATTENDING PHYSICIAN [172e ADDRESS	deoth occurred on the d	72c. DA	that (I) (
725	Robert Lyden,	MD	122 NAME OF C		Ring Rd. B	alto Md. 212	237
	BURIAL, CREMATION, REMOVAL	2/6/79	Cemetery	of St. Mary	Militine apo	lis, Minn.	STATE
- Br	uzdzinski Tuner	al Home F	A 1407 Old E	astern Ave-FE	B6 1979	25b. RECISTRAR'S SIGNA	Cready

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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min . Colorbaco		the brime	44
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	. 79	-03	131
		CEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
			mabile		В.	M	enin	Feb. 7, 1	979		5-30 AM
	3 SE		4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
		Female		White		July	29, 1893	85	YRS.		HOOKS MIN
0/	7a BI	IRTHPLACE ISTATE OR F	OREIGN 7		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
76		Brazil		U.S.A.		WIDOWE	DIVORCED [Baltimore		ty	MD.
20		TY OR TOWN OF DE. Baynesvill		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Plona La	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Seams tres	F WORKING LIFE		F BUSINESS OR
35	130 5	AL RESIDENCE (IF NUR! STATE Maryland	13b COUNT Balti	Y	GIVE RESIDENCE BEFOR 13c CITY OR TOW Baynesv	N	136 INSIDE CITY LIMITS? YES NO K	ise STREET ADDRESS 8415 Bell	ona Le	ne	
	14 FA	ATHER'S NAME		IDDLE	LASY		15 MOTHER'S MAIDEN NAM	ME MIDDLE			
130	12	Anthony	M	DDCE	Bredar	iol	Rosa	WIDDLE		Bar	on
1		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	"]	(ES, NO OR UNKNOWN)			213-14-	4750A	Mary Grauer	8415 Bello	na Lar	e	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one cause per	line far (a), (b), on	d(c)	1 1	7 1		BFTWEEN C	MATE INTERVAL
		PART I. DEATH W	IMMEDIATE		Ca	raca	e Resperato	my tacker	ع	7	lays
,		4292		DUE TO, OI	R AS A CONSEQUE	NCE OF	rterioschiot		A 1	1	0
	1.5	Conditions, if any gave rise to imi	, which	(b)	Severe	- a	remoschiol	ue CUI	>	10	grs
		couse (a), statir underlying couse	ng the	DUE TO, OI	R AS A CONSEOU	NCE OF					U
i				(c)							
	N	PART 2 OTHER SIGN	NIFICANT CO	onditions <u>cc</u>	INTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(o	.)
	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
9	TIFIC							YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
Ġ.	CER	21a ACCIDENT WAS UNI		21b. TIME O			21c. HOW INJURY OCCURE				
1	AL	OR CONTRIBUTING		HOUR A.	M. MONTH D, M	YEAR					
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			21f. LOCATION	CITY OR TOW	/N	COUNTY	STATE
	Z	AT WORK AT WO	HILE D	(AI HOME, SIK	EET, PACTORY, OPPICE, P	ARM, ETC.)	STREET	CHI OKIOP		CODINIT	STATE
		220.1 certify that (1)	(1 personal della	I) offended the	deceased from	- ^	19 63		Z	9.79.1	that (1) (last
		sow the deceos abave, (1) (ed alive an_did) (did	view the body	ofter death.	79, ar	nd that in (my) (compopinian (death occurred on the do	ate and hour	ond from the	ouses stated
		226. SIGNATURE	1-	7	0 1		DEGREE	MEDICA) CTAN		22c. DATE	SIGNED
		Society	ZF.	hi t	ura	/		MEDICAL STAF		2-	8-19
		226 PHYSICIAN'S N					22e ADDRESS				
		Joseph L					1004 Kirkco		timore	Mary	land
	23a. B	BURIAL, CREMATION, SPECIFY) Surial	REMOVAL .	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		UNERAL DIRECTOR		eb.10,	1919 M)Le Tai	nd Memorial Pl	Baltimo		Maryl	
		eonard J.	Ruck,	Inc. Ba	ltimore,	Mary		1979	Pritry	AR'S SIGNATU	dy

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

16 5 4 5 1b 4 1b 4 granco experirini and energy the a salignment or entitled and year. A new more a control (145 mesons) control (150 mesons) bindings contribute in the contribution of the first contribution of t

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78180-87 79-03132 TRACTOR CONCENTED BAUTY PEDICAL CONTER DATABLE CONTERNATION Tours Landing to Tanger Land Tours of the Constitution of the Cons abinistra 1 and activity . T. is ent alle-10-118 THE PERSON NAMED IN COLUMN THE PERMITTER AND A STATE OF THE PARTY OF TH cremation E/A/279 curren sunched town, the last to., ' in a passenger to the

director, page 3 hours after deoth

n and completely filled in by the fun Pages I and 2 should be filed within

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remave carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other traumotic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

S	T	A	TE	OF	M	AF	YL	AND	
	_	-							4

1.	FOR STATE REGISTRAR			FICATE OF DEATH	IENE REG. NO	79-	-031	33
{TYPE	CEASED NAME FIRST	y Tyler	Metz	LIEV		a - 17	-79	SOLA M
3 SE	Male	PRACEWINE	5. DATE (6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
C	OUNTRY) Md.	CITIZEN OF WHAT CO	MARRIE		9. BALTIMORE CITY O	ore Co.	FDEATH	MD.
14	linktim	(IF NOT IN SUCH FACILITY, 16361 Mark	GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND OF INDUSTRY	F BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT Balti	TY 139 CIT	DENCE BEFORE ADMISSION) Y OR TOWN NOTE TOWN	13d. INSIDE CITY LIMITS? YES NOX	130. STREET ADDRESS	Marko	e Roa	id
14 FA		L. Me	etzler	15 MOTHER'S MAIDEN NAM FIRST Barbara	MIDDLE D.		туle	
()	VAS DECEASED EVER IN U.S. ARN res, no or unknown) (1F yes, give v IO	WAR OR DATES}	CIAL SECURITY NO.	Mark L. Metz	ADDRE Ler Sa	ame		
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A C	ONSEQUENCE OF	anust ve dislare of M	nlamm on	OLITION GIVEN	I ye	M DEATH
CERTIFICATION	Cinymida 190 DATE OF OPERATION	I Heart 1	Disease	n was performed	20s. AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (# ETITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	ONTH DAY YEAR 19 RY	21t. HOW INJURY OCCURR 21t. LOCATION STREET	RED (ENTER NATURE OF INJUR CITY OR TOW		OUNTY	STATE
	220.1 certify that (I) (this hospits saw the deceased alive an above, (I) (we) edid) (did not) 22b. SIGNATURE		19, o	nd that in (my) (our) opinion of DEGREE	MEDICAL STAF	F .		
	22d. PHY SICIAN'S NAME (TYPE OR	1. Lewis	MO	220. ADDRESS WWV. A A	DIRECTOR PHYSIC	1, Bu	Uh, M	1.
23a. E	BURIAL, CREMATION, REMOVAL SPECIFYI Burial	23b. DATE Feb. 19, 19		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE

Prospect Hill

BP. DHMH-16 50M7/77 (VR A 15 (4))

retained by the hospital

Ruck Towson Funeral Home, Inc. York Rd. 21204

Towson Bartimore Md.

250. DATE REC'D BY REGISTRAR 256 REGISTRAR SIGNAL SECTION OF THE PROPERTY OF THE PROPERT

no a result of the second 19-03133

requires that the death certificate be executed within 24 haurs

OR ATTENDING PHYSICIAN. The law

TO HOSPITAL

etained by the haspital ar attending physician

campletely filled in by the funeral director, page 3 s 1 and 2 shauld be filed within 72 haurs ofter death

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or ather troumatic event, the medical examine must be natified of orce.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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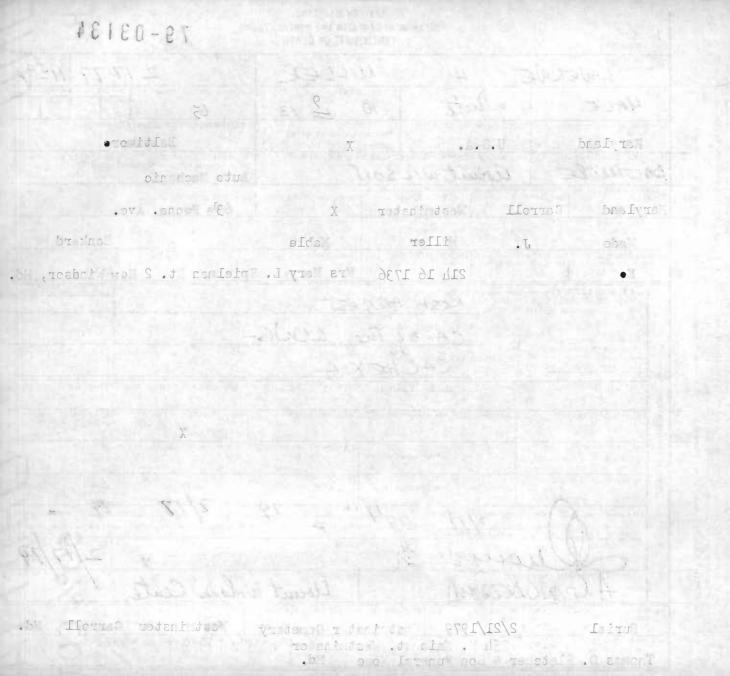
d	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	9 - 0	3137	
		CEASED NAME OR PRINT) LAVE	PARE		H-	1	ULLER	26. DATE OF DEATH	MONTH 2	DAY YEAR 17 79	26. HOUR
	3. SEX	MALE		RACE	ite	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
6		RTHPLACE (STATE OR FO DUNTRY) Maryland	OREIGN 71	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED DIORCED	9 BALTIMORE CITY	or count Baltin		MD.
	be co	Criwle	ATH I	1. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Auto Mach	ION OF WORKING LI	126. KIND O	F BUSINESS OR
8	Maj	AL RESIDENCE (IF NURS TATE ryland THER'S NAME	136 COUNT	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Westmins	N	134. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Peni		7e.	
1		Wa.de	J	DDLE	Miller		15 MOTHER'S MAIDEN NAMERIEST Mable	WIDDLE		Banka	
2		VAS DECEASED EVER ES. NO OR UNKNOWN) NO		ED FORCES? VAR OR DATES)	214 16 1	736	Mrs Mary L.	ADDR Spielman Ri			sor Md.
	ATION	Conditions, if any, gove rise to imm couse 101, statin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA	nediate ng the last. NIFICANT CO	DUE TO, OI		HE DEATH BUT	XIA NOT RELATED TO THE TERM			VEN IN PART 110	
X	CERTIFICATION					OFERATIO		YES NO	IN CERTI	FYING CAUSES ES [OF DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (1) (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOT WI AT WORK AT WO	CAUSE OF DEATH AL EXAMINER) RED	P.	m. MONTH DA M.	19	211. LOCATION STREET	CITY OR TO		PART 1 OR PART 2) COUNTY	STATE
		22a. I certify that sow the degrees obove, (I) (ye) (c 22b. SIGNATURE)	AME (TY)E ORP	view the body Of 1 Letup	offer deoth.	1	DEGREE ATTENDING PHYSICIAN 22e ADDRESS Library AND	MEDICAL STA	FF -/		1
1	(5	URIAL, CREMATION, PECIFY) Burial	~	2/21/1	.979 Wes	stmin	ster Cemetery	23d. LOCATION CITY OR TOWN Westmin		Carrol	
	יף דע	NAME DIRECTOR	July C	254 E	Maden S	t. We	stminster 250. DATE	5 6 1979	730. REGIS	IKAR'S SIGNATI	JRE

Md.

Thomas D. Fletcher & Son Funeral Home

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))



William C. March, 1101 E. North Ave. Balt MD

15 418 933

STATE OF MARYLAND 79-03135

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GREENMOUNT AVENUE CARTER CLINICAL RECORDS. VAMC. FORT HOWARD. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 years 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 1979 and that in (DV) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIANS VAMC, FORT HOWARD, MARYLAND

Baltimore, Maryland

Listry Malready

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

24 FUNERAL DIRECTOR

NAME

FOR

REGISTRAR

XC

- STATE

79-03135				
Tel Devel of Made				
		4	LE DE DES	BULL CONTROL
				Blightel 18574
				Name of the last o
Manual 2 years	MARO SUI RVILUO	CHERT AT UNDER		
(1)/2/2				
(1/2/2				

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13136

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
I. DECEASED NAME FIRST (TYPE OR PRINT)	EDICK MILLS	20. DATE OF DEATH MONTH DAY YEAR 26. I
3. SEX 1.	RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BITHOAY) IF UNDER I VEAR IF U
70 BIRTHPLACE STATE OR FOREIGN TO SCOTLAND	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	9 BALTIMORE CITY OR COUNTY OF DEATH
	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ON 126 USUAL OCCUPATION 126 KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
E3 P3a STATE 136 COUNTY	570 YES □ NO	1216 64TD STRE
14 FATHER'S NAME FIRST FREDERICH	OLE MIST SMAID	ARET MIDDLE CATHCAR
160 WAS DECEASED EVER IN U.S ARME (YES, NO.DR UNKNOWN) (IF YEL GIVE W.)	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	Mills 1216 64Th S
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	F TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E
00.00.000.000.000.000.000.000.000.000		YES NO YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING COURTED AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY
22a.l certify not (1) (th's hospital) soy the deceased alive on soove, (1) (we) (did) (did not) y	19 19 and that in (my) (our) o	, to, that pinion death accurred on the date and hour and from the cause
229 SIGNATURE	4. Office DEGREE ATTEND PHYSIC	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN 222. DATE SIGN
22d. PHYSICIAN'S NAME (TYPE OR PR	22e ADDRESS	New March 12 F VA
230. BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION COUNTY
76 24 FUNERAL DIRECTOR	TP & Sna DO POR Character 12	DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 hours often

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-03137

	REGISTRAR				TARIE OF BEATH		REG. NO		-			
	CEASED NAME FIRST Nicho	MID DE			AST		FDEATH M		DAY Y	YEAR	2b. HOU	JR
			Montar		Sr		16/79					Sa/M
3 SE	male	white		5 DATE C	11/11/1910	AGE (INY	EARS LAST BIRTHE	DAY) YRS	MONTHS	DAYS	HOURS	R 24 HRS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH		
	New York	US		WIDOWE	D DIVORCED	Balt	imore	Cou	inty		25	MD.
D	undalk, Md	(IF NOT IN SUCH F	Woodley	Aven	PROTHER INSTITUTION	(TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LI	IFE) INDU	JSTRY	F BUSIN	
130.			ive residence before a 3c. CITY OR TOWN		YES NO 🔯		ADDRESS Woodle	ey Av	renue			
	ATHER'S NAME Humbert	WIDDLE	ontanari		15. MOTHER'S MAIDEN NAM	ΛE	WIDDLE		Gian	ton	ia	iv
	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	66 SOCIAL SECUR		17 INFORMANT		ADDRES		4-1		TAF	
	no		213 07 35	540	Nicholas Me	ontana	ri Jr.	. 675				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per lin	ne for (a), (b), and	(C'. 1	-immediate				BEI	APPROXIA	MATE INTE	PVAL
CERTIFICATION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION)	(c)CONDITIONS <u>CON</u>		ATH BUT	NOT RELATED TO THE TERMII	200 AUTO	OPSY?	20b. IF YE	S, WERE FEYING CA	FINDIN	IGS USE	TH?
CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF I	INJURY MONTH DAY	VEAR	21c. HOW INJURY OCCURRE	1 -				ART 2)	110	
CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	AIR		19			7 1		63			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE, FAR	RM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNT	ΥΥ	S1	TATE
	22a.l certify that (I) (this hosp sow the deceased alive an above, (I) (Sec (Sec) (did no	Febr	7 10	13	nd that in (my) (our) opinion d		ed on the dot		19 ur ond fro		that (I) (,
	226. SIGNATURE David	P Sa	rans		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	AN 🗆	226.	DATE S	SIGNED	29
	22d PHYSICIAN'S NAME (TYPE O				6800 Mornin	ngton	Rd 2	21222	2			
23a. [BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CREMATORY	23d. LOCA	ATION		COUNTY			ATE
	Burial	2/12/	79	Oak	Lawn	-	altimo			_	ryla	
24 F	UNERAL DIRECTOR		ADDRESS	1 71	AVODUS 250. DAIE	17 17 10	1979		TRAR'S SK			
	Walter Dabrows	K1 .	1005 Dune	lalk	Avenue	D 40	17/7	-	700		A PARTIES	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

must be notified aronce

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the

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and Linkelling	113		

death. Page 4 may be

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-03139

/	-	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	9 - 0 -	, 1 3 3		
1		CEASED NAME	FIRST	- 1	MIDDLE		AST		20 DATE OF DEATH		DAY YEAR	2b. HOU	B
			GORDO	V	E.	МО	ORE		2-5-	19		110	M
	3 SEX			4 RACE		5. DATE (H DAY	YEAR	6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER	24 HRS
		Male		Whi:		Feb.	27, 19	29	49	YRS		HOURS	74114
br	- 50	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER M	ARRIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH	100	
10		aryland		USA		WIDOW	D DN	ORCED	BALTIMORE				MD.
58		TOMPON	1204	ST.	HOSPITAL, NURSIN H FACILITY, GIVE STREET JOSEPH H	ADDRESS) OSPIT		TUTION	120 USUAL OCCUPAT		126. KIND C INDUSTRY Weste	rn E	lec.
20	13a. S		136 COUN	OTHER INSTITUTION	113c CITY OR TOW	N	113d INSIDE CIT	TY LIMITS?	13e STREET ADDRESS				
10		aryland	Balt	imore	Essex 21	221		NO [X	530 Dorsey	Aven	ue 2122	1	
130	14. FA	THER'S NAME Louis	٨	AIDDLE F	Moore		15 MOTHER'S	MAIDEN NA/ uriel	ME MIDALE]	Baxter	ī	
T	16a W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN		ADDR	ESS			
1	,,,	No	-	WAR ON GATES	214-26-2	431	Dorothy	F. Mc	ore, wife	Same			
		PART 2 OTHER SIGN	AS CAUSEI IMMEDIAT , which mediate ng the e last	D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	A CONSEQUE	NCE OF	Myes of Single NOT RELATED	far far	chal chini	IDITION GIVI		MATE INTER	VAL DEATH
2	CERTIFICATION	190 DATE OF OPERA		19b. COND	ITION FOR WHICH	OPERATIO			200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	GS USEC OF DEAT NO	H?
9		210. ACCIDENT WAS UN	_	21b. TIME O HOUR A.	FINJURY M. MONTH DA	YEAR	SIC HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2]		
1	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ,		19							
	MED	21d. INJURY OCCUR	HILE [21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	,211. LOCATIO	N	CITY OR TO	WN	COUNTY	STA	ATE
		220.1 certify that X saw the deceas above, (X (we) (22b. SIGNATURE	(this haspited alive and	ral) attended the Februar	e deceased from_ CY 5 19 after death.	<u>/9</u> .。		., 19 <u>79</u> aur) opinian c	, taFebrua death accurred on the d				
			177	Car	NISA	11 11	P		MEDICAL STA	FF CIAN [2-	5-7	'5
1		22d. PHYSICIANS N.	AME (TYPE OF	MIL	ADI,	M.E	22e ADDRESS	010	OSLER	· Dr	Tou	150	27
	230. B	URIAL, CREMATION,	REMOVAL	23b. DATE 2-8-79	9 Bel	Air	Memoria	REMATORY 1 Gard	Harford	County	Maryl	and	TE
		uzdzinski	Funer	al Home	Inda:			250 DATE	E REC'D. BY REGISTRAR				

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

78-03133 סמו נולל בסופים התבלפים בוצם. The first of the second special second is the second secon pates = ferms emofile 25 | simpl and the orps 1831 by my fact the foot in amortiman is unfrommed

Witzke Funeral Home of Catonsville, P.A.

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-1314

FOR

must be patified of once

injury, or other troumotic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13141

	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	100		•	
N	1. DECEASED NAME FIRST	MIDDLE	LAST	The second		AONTH DAY	YEAR 2	b. HOUR	
A	Robert	George	Morga	n	February	18. 197	9 1	1:55	5 PM
	3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH			F UNDER 24	
1	Male	White	5/4/2	23	55	YRS.	DAYS	HOURS N	AIN
	7a. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED & N	EVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DE	ATH		
9	Pennsylvania	VU.S.A.	WIDOWED	DIVORCED	Baltimo	re Coun	ty		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		R INSTITUTION	120 USUAL OCCUPATION		KIND OF I	BUSINESS	OR
7	Rossville	Franklin Squai		ital	Bethlehem		USIKT		
	USUAL RESIDENCE IF NURSING HOME OR 130. STATE 13b COUN			SIDE CITY LIMITS?	13e. STREET ADDRESS				_
		imore Dundall		7.7	1727 Drex	el Road	1, 2	1222	
	14 FATHER'S NAME		15. MO	THER'S MAIDEN NAM					
1	Jesse	Morgan	n Z	Ann	WIDDLE	Yode	r		
		MED FORCES? 166 SOCIAL SECUI	RITY NO. 17. INF	ORMANT	ADDRES	SS	F - 13		
		W II 192-12-4	4831 Ler	na L. Mor	gan, same	as lin	e 13	3	
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	dire		F		APPROXIMA ETWEEN ON:	TE INTERVAL	ATH
	PART I. DEATH WAS CAUSE	DBY: ECAUSE(o) Cardiore	spirato	ry arres	t				
	2141	DUE TO, OR AS A CONSEQUE		1-1-1-1		685La		1111	
	Conditions, if ony, which			atic leu	kemia				
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE					14.8		
	underlying couse lost	DOE TO, OK AS A CONSEQUE	NCE OF						
		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN F	ART 1101		_
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
1	N 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE			
4	191				YES NO	YES [AUSES O	NO [
3	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		OW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)		
F	OR CONTRIBUTING CAUSE OF DEA	P.M.	19						
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	231 LC	CATION	CITY OR TOW	N COU	NTY	STATE	
1	AT WORK AT WORK	(ALTIONE, STREET, FACTOR), OFFICE, FA	non, ETG.)					JIAIL	
1	22a.1 certify that (1) (this haspit	al) ottended the deceased from L	January	22, 1979				ot (I) (we)	Last
	sow the deceosed alive and obove, (1) (we) (did) (did not	February 18 19	29, and that i	n (my) (our) opinion d	leoth occurred on the do	te and hour and fi	om the co	uses state	d
	22b. SIGNATURE	F 10	DEGREE				DAJESH	GNED	2
	Konald	E. Fromos	MID	PHYSICIAN	MEDICAL STAF		2/18	179	
	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e A	DDRESS		31-1		1197	
	Ronald E	. Thomas, M.D.		9000 Fr	anklin So	nare Dr	ive		
	230. BURIAL, CREMATION, REMOVAL	23h DATE 23c N	AME OF CEMETER	Y OR CREMATORY	23d LOCATION			STATE	
	Bürial	2/22/79 Sac	cred Hear	t of Jesus	- Dundalk, B	altimore	,Mary	rland	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Duda-Ruck, Inc., Baltimore, Maryland 21222

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

11160-61 The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove corban pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03142

- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO)		
1. DECEASED NAME FIR	ST MIDDLE	U	AST		AONTH	DAY YEAR	26. HOUR D . 1
(TYPE OR PRINT) Mati	ilda J.	Morge	nroth		2-1	5-79	5:30 M
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	IDAY}	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female	White		0-29-1894	84	YRS		
7g. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH	
Maryland	U.S.			Baltimore		unty	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSP	PITAL, NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION			F BUSINESS OR
Baltimore		11 Nursing	r Home	Housewife	9	Home	making
USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE I	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS			
		ltimore	YES NO		lade	1phia	Rd.
14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		LAS	ı
Harry		lillen	Annie	7110012	2	Reinh	
160 WAS DECEASED EVER IN L		SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		11110
(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	3-07-0357	Charlotte	McGowan 68	342	Belcla	re Road
Conditions, if ony, wh gove rise to immedi cause (a), stating underlying couse li	ote (b)	A CONSEQUENCE OF	Heperleum				
Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse I	ote the DUE TO, OR AS ost. (c) CANT CONDITIONS CONTE	A CONSEQUENCE OF		MINAL DISEASE OR CONI	20b. IF Y	ES, WERE FINDI	NGS USED
Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse I	ote of the	a consequence of		20e. AUTOPSY?	206. IF Y		NGS USED
Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse I	ote the DUE TO, OR AS OST. CANT CONDITIONS CONTE 196. CONDITION 179. CONDITION 179. TIME OF IN.	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YI	ES, WERE FINDI IFYING CAUSES YES []	NGS USED OF DEATH?
Conditions, if ony, wh gove rise to immedicuse (a), storting underlying couse In PART 2. OTHER SIGNIFIC THE S	DUE TO, OR AS OST. CANT CONDITIONS CONTE N 196. CONDITION LING 1216. TIME OF IN. HOUR A.M.	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO	N WAS PERFORMED	20e. AUTOPSY?	206. IF YI	ES, WERE FINDI IFYING CAUSES YES []	NGS USED OF DEATH?
Conditions, if ony, wh gove rise to immedicate (a), stating underlying couse In PART 2. OTHER SIGNIFIC TO THE SIGNIFIC OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED	DUE TO, OR AS CANT CONDITIONS CONTE 19b. CONDITION LE OF DEATH AMINER 21e. PLACE OF IR. AT HOME STREET IS ATTEMATICAL STREET IS	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO JURY MONTH DAY YEAR 19	N WAS PERFORMED	20e. AUTOPSY?	206. IF YI IN CERT Y	ES, WERE FINDI IFYING CAUSES YES []	NGS USED OF DEATH?
Conditions, if ony, wh gove rise to immedicause (a), stating underlying couse in PART 2. OTHER SIGNIFIC THE S	DUE TO, OR AS OST. CANT CONDITIONS CONTE 196. CONDITION ING	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) Regosed from	N WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET	200. AUTOPSY? YES NO CIPY OR TOWN CITY OR TOWN	20b. IF YI IN CERT Y IY IN ITEM 18	ES, WERE FINDI IFYING CAUSES YES	NGS USED OF DEATH? NO STATE
Conditions, if ony, wh gove rise to immedicause (a), stating underlying couse in PART 2. OTHER SIGNIFIC THE S	DUE TO, OR AS OST. (c) CANT CONDITIONS CONTE 196. CONDITION (INC. 196. CONDITION FOR DEATH AMINER) 216. PLACE OF IR (AT HOME, STREET, F.	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) 19 19 7 death.	211 LOCATION STREET 7 - 7 (19) nd that in (my) (our) opinion DEGREE ATTENDING	200. AUTOPSY? YES NO CITY OR TOW CITY OR TOW To deoth occurred on the de	206. IF YIN IN CERT	ES, WERE FINDI IFYING CAUSES YES	NGS USED OF DEATH? NO STATE
Conditions, if ony, who gove rise to immedicuse (c), stofting underlying couse III PART 2. OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CALE 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a.1 certify that (I) (this sow the deceased on obove, (i) (we) (did)	DUE TO, OR AS OST. CANT CONDITIONS CONTE THE CONDITIONS CONDITION 196. CONDITION 216. PLACE OF IN. (AT HOME, STREET, F. (did not) view the body after CONTENTS (b) (c) (107. CONDITIONS (AT HOME, STREET, F.)	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) Regosed from 19 7 death.	211 LOCATION STREET 7 - 7 (19) nd that in (my) (our) opinion DEGREE ATTENDING	200. AUTOPSY? YES NO CITY OR TOW CITY OR TOW IN decit occurred on the do MEDICAL STA DIRECTOR PHYSIC	20b. IF YI IN CERT IN CERT IN IN TEM 18	ES, WERE FINDI IFYING CAUSES YES	NGS USED OF DEATH? NO STATE that (I)-(we) lost couses stated
Conditions, if ony, wh gove rise to immedicause (a), stating underlying couse in PART 2. OTHER SIGNIFIC PART 2. OTHER SIGNIFIC OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX LIVORK NOT WHILE ATWORK NOT WHILE ATWORK ATWORK 270.1 certify that (I) (this sow the deceased a above, (I) (we) (did). 22b. SIGNATURE	DUE TO, OR AS OST. CANT CONDITIONS CONTE 196. CONDITIONS PORT OF THE CONDITIONS 216. TIME OF IN. HOUR A.M. AMINER) 216. PLACE OF IN. (AT HOME, STREET, F (AIT HOME, STREET, F (INTERIOR OF IN. (INTERIOR O	A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO JURY MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) Segosed from 19 7 4 7 4 19 19 19 19 19 19 19 19 19 19 19 19 19	211 LOCATION STREET 7 - 7 (0 19 opinion of the time (my) (our) opinion operate attending physician	200. AUTOPSY? YES NO CITY OR TOW CITY OR TOW TO DIRECTOR PHYSIC	20b. IF YI IN CERT IN CERT IN IN TEM 18	ES, WERE FINDE IFYING CAUSES YES O, PART 1 OR PART 2) COUNTY 19 22c. DATE 22c. DATE	NGS USED OF DEATH? NO STATE that (I). (we) lost couses stated

DHMH - 16 25M

BP.

(VR A 15 (4)) 9/74

7401 Lassahn Belair Road Funeral Home

FEB 1979 perfray Melreads

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Virginia Starr Mullendore February 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS Female White Oct. 9, 1897 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U. S. A. WIDOWED DIVORCED [Balto. County MD 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINE TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 8519 Chestnut Oak Road Baltimore Salesperson Hutzlers JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO XX Maryland Baltimore Baltimore YES 8519 Chestnut Oak Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Mac Millan Starr William G. Eliza V. PRESTON ST., BALTIMORE, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A. Ridgely 215 Margate Road NO 216-16-8098 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T Mentol Hyg 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 0 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from_ ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING STAFF * DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be William B. Settle M. D. 8600 La Salle Drive 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE Baltimore, Maryland Cremation 2-2-79 Loudon Park Crematory 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

Ruck Towson Funeral Home, Inc. Towson, Md. 21204FEB

(VRA 15 (4))

STATE OF MARYLAND

Eliza G. William .V BIR THIS SECTION ASSESSMENT AND THE THIS CONTRACTOR

		1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10		1-	STATE 7 Q = [13144
-		1. DE	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. PECEASED NAME FIRST ANDRE FIRST REG. NO. PONTH	DAY YEAR 26. HOUR.
	R. S. S. T.		YPE OR PRINT) DORIS AdeliNe MURPHY DEATH MATED 2	10 74 (4)
	Y, PLEASE NRECTOR. UN FILES. 12 HOURS	3-SE	(X 4. RACE/) S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE MONTH	DAY YEAR 2d. HOUR
	\$25 G G G	1	emily While 7 9 17 61 YRS. MONTHS DEAD 2	10 1974 630 M
0	NERALDI FOR YOU WITHIN 22 WITHIN 32	70.	Th. CITIZEN OF WHAT COUNTRY? ORIGIN CONTRY WIDOWED DIVORCED 9. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED Baltimore CITY OR COUNTRY	MD.
	PAGE FILED OO, 3301 V	10. E	MENT IN SUCH FACILITY OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (15 NOT IN SUCH FACILITY, CHASTER ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
21201		USU. 13a. S	JAL RESIDENCE (IF IN NURSING HOME PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b. COUNTY 13c. STREET ADDRESS. 13c. STREET ADDRESS. 2 YES NO B S 311 CULTUM 2	1234
MD.2	25 33.25	14. F	FATHER'S NAME FIRST CORRECT LAST REAL PRIST MAIDEN NAME MIDDLE CORRECT MODELE MIDDLE MIDDL	Villiams
BALTIMORE,	OURS AFTER DEVOURS AFTER DEVOURS BY GIVE PAGES WITH FORM FORM FORM FORM FORM FORM FORM FORM	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNIVERSITY OF THE YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WITHOUT CORRECT BUTTLE.	m. 21239
ST.,	EM HO DNG ENE,		18. CAUSE OF DEATH (Enter only one cause per lipertar (a)(b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) A There solervile Carded Vascular Fris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	AIN SI PE		Conditions, if ony, which	
	UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT OR MENTAL HY		gave rise to immediate (b)	
301 W.	m d 3 - F c		lying cause lost:	
RECORDS, 3	A BU	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
I REC	크로 바람 프로	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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0	TIFICATE TO THE WO TO THE HOULD B ARTMENI R TO BUR	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ART 2)
DIVIS	RE. THIS CERTIFICATE SHO. ORWARDED TO THE CHIE RE. PAGE 3 SHOULD BE US E. STATE DEPARTMENT OF E. STATE DEPARTMENT	MED	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 21e PLACE OF INJURY (AT HOME, STREET CITY OR TOWN CITY OR TOWN CITY OR TOWN)	DUNTY STATE
-	FORW FORW DR: P, HE ST D, 212		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my a	pinian
	BE BE LANIE		death resulted fram: Notural causes . Accident ., Suicide ., Homicide . Undetermined monner .,	
	IL EXAMELE CER CER CER CER CER CER CER CER CER CE		ACTUAL SIGNATURE M.D. DATE MEDICAL EXAMINER SIGNATURE	2 40.79
	TO MEDICAL EXAMINER: PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	-	EXAMINERS NAME JOHN C. Hyle ADDRESS 2527 Belan Bel Ballo	31236 Mil
	PAC	23a.B	BURIAL CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION (CITY OF TOWN)	UNITY STATE
	BP	24. E	FUNERAL DIRECTOR NAME D D D D D D D D D D D D D	SIGNATURE
('	DHMH - 17 VR A15 ME (5)) 15M 7/77		-VANS TUNGER / Chape por 8800 HAICTORU RU FEB 14 1979 Protony	McCready

1/1-	Items #18-22a Film G529 3/9/79 rstate of maryland FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	3143
	ALO NO.	DAY YEAR 26. HOL
	Male White Sept 23,1903 75 yrs. IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 2 RTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 8.	11 19 79 A
FC	MARKIED NEVER MARKIED DIVORCED Baltimore Co TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12	b. KIND OF BUSINESS
JSU/	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	PEINTING
	TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS YES NO BEST OF THE STREET ADDRESS YES NO	21239
16a V	MATTHEW V. MURPHY MARY LEE BLAIR VAS DECEASED EVER IN U.S. ARMED FORCES? IS. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2.13-03-2719 BARBARAM. CHAUGROW, GPRY BARB	21239 421 Rts
7	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Ethanol Intoxication and Hypertension	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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MEC	WHILE AT WORK AT WORK AT WORK STREET, FACTORY, FARM, ETC.) The front of home 6831 Barnett Rd. CHY OR TOWN Balti	more Co. Md
Z	220. Lectrify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apin death resulted from: Notural causes , Accident X, Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE	2/11/79
230 B	EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street URIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
7	SURJAL MAN TO OUR LAWN CEMETERY BATTO. MB 2/824	y STATE
6	EFB 1 4 1979 Printry 10	Cready

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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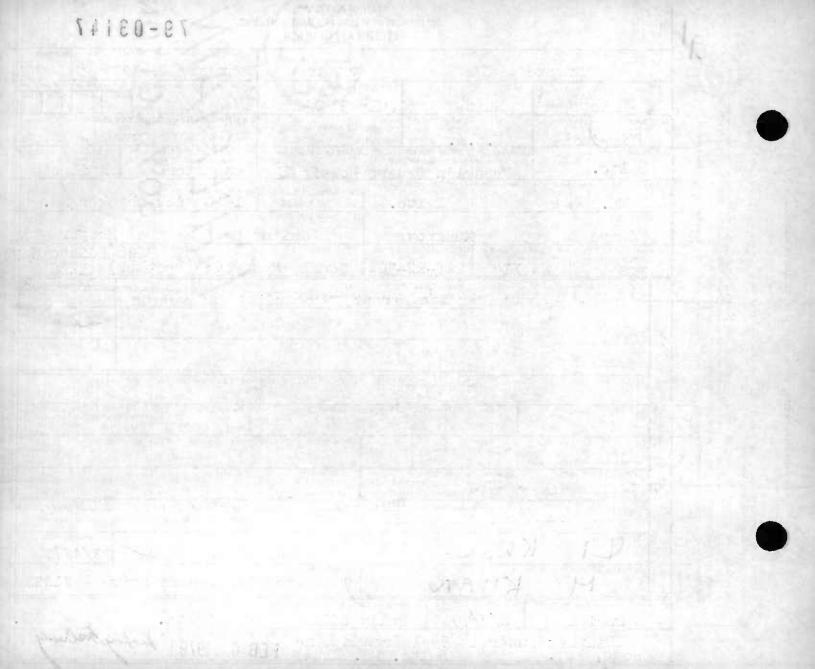
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-02167

-		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO		JITI	
		EASED NAME	FIRST	N	MIDDLE	L	AST			DAY YEAR	2h HOUR
Ľ		Ec	dward	W	7		Musgrove	February	4, 1	979	5:30A
3.	. SEX		4. RA	ACE		5 DATE O		6. AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN
		Male		White July			52	YRS.	MONTHS DATS	HOURS MIN	
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5		Virginia		U.S.A. WIDOWED DIVORCED			Baltimore County,				
7		Balto.		Fran	klin Sai	address)	Hospital	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O CONDUCTO	F WORKING LI	FEI INDUSTRY	F BUSINESS OR
A U	JSUA Sa S	L RESIDENCE (IF HURSII TATE Md •	NG HOME OR OTHE 13b COUNTY	R INSTITUTION,	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Balto	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS	ckent	oacker	Rd.
14	4 FA	THER'S NAME	WIDDLI	E	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	IFE .	LAS	7
51		Edward		- 1	Musgrov		Adrian	е		Hoope	er
2 16		AS DECEASED EVER I	N U.S. ARMED		166 SOCIAL SECUI		17 INFORMANT		ss 982		sto Way
L		yes	WW I	I	228-22-	-302	Donald Mu	sgrove (bi	rothe	er) 212	220
		18 CAUSE OF DEATH	BETWEEN	MATE INTERVAL ONSET AND DEATH							
		Conditions, if ony,		(b)							
	NO	gove rise to imm cause (a), stating underlying cause	ediate g the last	(c)	AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIV	VEN IN PART 10	D)
2	TIFICATION	gove rise to imm cause (a), stating underlying cause	ediate the last. IFICANT CONE	(c) DITIONS <u>CO</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	ZOG AUTOPSY? YES NO [X]	20b. IF YE	VEN IN PART 10	IGS USED
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2:	WEDICAL MEDICAL	GOVE FISE TO IMM COUSE PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	IFICANT CONDITION IFICANT CONDI	19b. CONDI- 21b. TIME OI HOUR A.M. P.A. 21e. PLACE C (AT HOME, STRICAL) with body of the body of	TION FOR WHICH IN MONTH DAM IN	OPERATION Y YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 15, 1979 d that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN [22c ADDRESS 9000 Frank EMETERY OR CREMATORY 7 Hill	ZOO AUTOPSY? YES NO M RED (ENTERNATURE OF INJUI CITY OR TOV TO Feb. 4 death occurred on the do MEDICAL STAL DIRECTOR PHYSIC LIN Squar	20b. IF YE IN CERTII YE IN CERT	S, WERE FINDING YING CAUSES ES PART I OR PART 2) COUNTY 19 79 ur and from the 2/4 LIVE COUNTY	STATE that (N(we) loss couses stated SIGNED /79 21237



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME ESTI-DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR LAST BIRTHDAY) MONTHS PRONOUNCED 10/16/1889 Male White 89 DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) USA Baltimore County WIDOWED [DIVORCED Norway 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 19626 Gunpowder Rd. Polishing Dept. Millers, Md. Gen. Motors USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 19626 Gunpowder Rd. Millers NO X VITAL B 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND OF LAST unknown Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 19626 Gunpowde (YES, NO, OR UNKNOWN) No 215-10-1052 Mrs. Faye Jaunitta Ammann APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) BURIAL-TRANSIT PER DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). ⋖ CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held on Inspection 4 Inquiry and in my opinion death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Baltimore, Md. 2/8/79 Westview Crematory DHMH-17 20M 1/73 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Lemmon, 10 W. Padonia Rd.

X	1	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYG	1ENE 79	-031	49	
oy be death	I. DI	CEASED NAME FIRST	M. Neum	MIDDLE	L	AST		20 DATE OF DEATH 2/19/	79	YEAR	26 HOUR 9:05 AL
e 4 moy ector, poor	3. SI	Female	4 RACE	hite	S. DATE C		YEAR 98	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS. HOURS MIN.
deorn Po	1	IRTHPLACE (STATE OR FOREIGN OUNTRY) UNKNOWN	U.S.		WIDOWE		ORCED _		imore	Count	
201 by the filed will filed will for	4	Essex	River	HOSPITAL, NURSING CHEACILITY, GIVE STREET A VIEW NU	sing			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST UNKNOWN		INDUSTRY N/A	F BUSINESS OR
AND 21	130		or other institution inty	1. GIVE RESIDENCE BEFORE 113c. CITY OR TOWN Dunda	Lk			13. STREET ADDRESS 2642 Yo	rkway	2122	22/
red within 24 h	14 F	William M	MIDDLE	Mils		15. MOTHER'S Mar		MIDDLE		ackso	
BALTIMORE, ote be executed to pers. Poges vol. 1, the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-01-		Dori		Graeme 5	Water	212 view	
DS, 201 W. PRESTON ST., BA quires that the death certificate signed by the attending physic hen please remotion, ar removal niury, ar other traumatic event, the plant of the straumatic event, the straumatic event e	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	Live	R AN	D BONE			EARS
AL RECOR	CERTIFICATION	198 DATE OF OPERATION	196 COND	OITION FOR WHICH (OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the catherding physicion. free this certificate has been signed be as the buriol-transit permit. Then place as the buriol-transit permit. Then place the and Mental Hygene prior to buriol, orked or frem 18 shows any injury, are overled or frem 18 shows any injury, or any order or frem 18 shows any injury, are or the and or frem 18 shows any injury, or any order or frem 18 shows any injury, are or the angle of the statement of the st	MEDICAL CEI	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOT WHILE	R) HOUR A.		Y YEAR 19	211. LOCATION		ED (ENTER NATURE OF INJU CITY OR TO		OR PART 2)	STATE
R ATTENDI hospital or IRECTOR A hed for use ept of Heol		220. I certify that (1) this has sow the deceased alive a above. (1) (we) (did) (did) (22b. SIGNLATURE	n 1d -	18 19		DEGREE		, to 21- death occurred on the c		79, to d from the c	
O HOSPITAL O etoined by the should be detoc with the State D MAPORTANT: If I		22d PHYSICIAN'S NAME TYPE B. W. SO	ORPRINT) LLOD,	m. D.		22e. ADDRESS 2900	UNRA	MEDICAL PHYSI	CTO. M	2-2 D, 2	1222
BP		BURIAL, CREMATION, REMOVA (SPECIFY) SURIAL		- 6		WARTZ	- CEM		160	INTY 13	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	UNERAL DIRECTOR	F.H.	300 /	MAC	F AU		REC'D BY REGISTRAF	125b. REGISTRAF	RESIGNATE	Ready

8	FOR STATE REGISTRAN
67 : TE	I, DECEASED NAM (TYPE OR PRINT)

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-03150

	REGISTRAR						REG. N	O.		
	CE ASED NAME	FIRST		WIDOLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TIPE	CORPRINT	NORA		В.	N	1 CHOLS		2 13	179	-
3. SE.	Х		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	
F	EMALE		WHIT	E	MAR.	3, 1923 YEAR	55	YRS.	NTHS DAYS	HOURS
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
	NNSYLVANI	A	USA		WIDOWE		BALTIMOR	E COUN	VTV	
	TOWSON	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	RLES ST.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON WATTRESS		12b. KIND C	OF BUSINES
	AL RESIDENCE (IF NUI	SING HOME OF				NLLS SI.	WATINESS		KESTA	TORAN
13a. S	MD.	135 COUN	LTO.	13c. CITY OR TOW TOWSON		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 196 DUMBAR	TON RD		
14. FA	ATHER'S NAME] DA	LIU.	TONSON		15. MOTHER'S MAIDEN NA			100	
2	CLYDE	N	NDOLE	BOUC	CH	PHOEBE	MIDDLE	?	LAS	57
	WAS DECEASED EVE		AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	ESS		
1	NO	(# 123, 0112	WAR OR DAILS)	181-30-99	916	JULES RICHA 6	31 FAIRWAY	DR. 21:	204	
	IR CALISE OF DEA	TH (Enter on	v nne chuse nei	r line far (a), (b), and	dici				APPROX	ONSET AND D
	PART I. DE ATH	A/AC CALISED	NRV.	Cerebral		rrhage				days
NO	PART 2. OTHER SIG	INIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 10	a)
CERTIFICATION	19a DATE OF OPER	PATE OF OPERATION 196 CONDITION FOR WHICH				N WAS PERFORMED			VERE FINDINGS USED NG CAUSES OF DEATH?	
	210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEA	TH HOUR A.	DF INJURY .M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR				
MEDICAL	21d INJURY OCCU	WHILE ORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR FO	WN	COUNTY	STA
	22a.1 certify that (saw the decea	220.1 certify that (1) (this haspital) attended the deceased from 2/10/79, 19, to 2/13/79, 19 saw the deceased alive on 2/13/79, 19, and that in (my) (our) opinion death accurred on the date and hour a								that (I) (w
	22b. SIGNATURE	has	view the body	Chase		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (3-79
1	22d. PHYSICIAN'S N	NAME (TYPE OR	PRINT)			22e. ADDRESS				
	Richar	d Chas	sen, M.	D.		GBMC-6701	N. CHARLE	S ST.	335	
230. (BURIAL, CREMATION (SPECIFY) BURIAL	, REMOVAL		4.7		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cc	DUNTY	STAT
	BURIAL		FEB.16	,1979 SO	OUTH C	ANAAN CEM.	HAWLEY		PE	ENNA.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR ACCRESS BALTIMORE, MD. MITCHELL WIEDEFELD HOME 6500 YORK RD.

250 DATE RE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

79-03150			
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	an some nour		
631 PATRICAS DEL 21204	-pels Dunks kidhk	- 1E - F8 E	

Leonard J. Ruck Inc. Baltimore. Maryland

STATE OF MARYLAND

8529 3/7/79 gj

		1		STATE OF MARYLAND	
2	ulling Mark	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3153
e e	(SEA)		DECEASED NAME FIRST	TELENE Not Fringer 2-15-79	DAY YEAR 26 HOUR
e 4 may b	650000	3	SEX F	4 RACE S DATE OF BIRTH 6 AGE INVERSLAST BIRTHDAY) WEAR 12 DAY GO 2 YEAR 76 YEAR 76 YEAR	IF UNDER LYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN
eath. Page	n 72 hour	30	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED Brillo Lo	TY OF DEATH
201 rs offer d	by the fu	10	TOW SOM	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET FOORESS) MAHOR LAWE - TOWSON 17 NO ME	12b. KIND OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	filled in hould be	6 13	MO. B	DAITO LUTHERVILLE YES NOB 31 CLIKWAY	Ris
MARYL MARYL	ompletely ond 2 s	34	FATHER'S NAME FIRST OSTOR E K	I MIDDLE LAST SERST VIRGINITE KESSLE	LAST
TIMORE, be execu	on and co	16.	(YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1 ADDRESS SIVE WAR OR DATES) 058-10-8617 FAMILY RELORDS	
ST., BAL	ng physicii banpaper remaval. c event, th		PART I. DEATH WAS CAU	anly one couse per line for (a), (b), and (c) SED BY: Perperuntary area Area CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON death ce	attending ave carb ition, ar r aumatic		#34- Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF MI	
JI W. PR	d by the ease rem al, cremo		gove rise to immediate couse to stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) hypertension	
ORDS, 20	t. Then plant to burn	3		T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	
AL RECC	has be permit ene pri	NOITACIENT	190 DATE OF OPERATION	YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
NOF VIT	ding physici s certificate burial-transi Mental Hygi ir Item 18 sh		OR CONTRIBUTING CAUSE OF I	ER) P.M. 19	, PART 1 OR PART 2)
DIVISION NG PHY	ar attending After this of ic as the bur alth and Me marked ar II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDI	CTOR: for us of He		sow the deceased olive above, (1) (**********************************	not) view the bady after death.	
TAL OR	5 0 5 0 F		226. SIGNATURE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	16FEB 79
O HOSPI	retained by the TO FUNERAL should be det with the State IMPORTANT:		ROGIERT W.	LISTE KD 57 TIMOHIUM RO W.	
	BP		SPECIFY) SURIA	2-17-79 Dulakey Valley M.C. Colleys Ville	OUNTY STATE
	I - 16 60M 1/75 R A 15 (4)}	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	STRAKES SIGNATURE ready

8		lı	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	9-03154								
	ay be age 3 death		ECEASED NAME FIRST LULA	MIDDLE	NOTO	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 4:556								
	ge 4 ma)	3. SE	F	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24/4RS MONTHS DAYS HOURS MIN								
	4 102		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	Baltimore city o	R COUNTY OF DEATH								
10	offer dec		OWSON	11. NAME OF HOSPITAL, NURSI LE NOT IN SUCH FACILITY, GIVE STREE St. Joseph	I WIDOWED DIVORCED DI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR								
AND 212	filled in the hould be	130.	STATE 136 EQU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS? YES NO D	13 STREET ADDRESS	toenest DR								
MARYL	ted within		MICHIAIRÍ A	Migdle LAST LAST	15. MOTHER'S MAIDEN N	No JULEN LERG	ER								
IIMORE	an and co			RMED FORCES? 16b SOCIAL SEC VIEWAR OR DATES) 212-14-9	244 THE THE THE PROPERTY OF TH	RECURUS ADDRE	SS								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certificatiby the attending physicose remove carbon papals, cremation, ar removal cather traumotic event, it										PART I. DEATH WAS CAUS MMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO OP AS A CONSEQU	JENCE OF OBSTRUCTIVE LUNG		APPROXIMATE INTERVAL BETWEN ONSET AND DEATH VEARS //
DS, 20	signed signed hen ple a burid jury, a	z	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)								
AL RECOR	an. has been to promit. It permit. I ene prior to aws any in	CERTIFICATION	19a DATE OF OPERATION		FAIL URE H OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \)								
VISION OF VITA	G PHYSICIAN: TI attending physicial er this centificate is the burial-transit and Mental Hygi ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE ETHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED ENTER NATURE OF INJUR									
ā	spital or a STOR: After the ost of Health of 121 is mark		22a.l certify that (1) (this hasp	pital) attended the deceased from 19_not) view the pacy after death.	7 9 , and that in (my) (our) opinion	to 2/9	, 19 77, that (1) (we) lost of ond hour and from the causes stated								
	TAL OR A y the hos RAL DIREC detoched fore Dept. VI: If Item		226. SIGNATURE	& Stoff		MEDICAL STAF	222. DATE SIGNED 2/9/79								
	o HOSPITA			J. DIAZ N			150 N, Md. 21204								
	F 2	230	BURIAL CREMATION REMOVA	1 23h DATE 23c	NAME OF CEMETERY OF GREMATORY	123d LOCATION									

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR NAME FUNERA

230. BURIAL, CREMATION, REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR GREMATORY

23d LOCATION

TOWSON, Md. 21204 WSOUNTY

STATE

250. DATE, REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	en A e		
Paltimore County		4.4	-yaa
	Teti-no	dragot . 30	in noswell
	AND LOCAL	and a second second	The Land
		LATE OF THE STATE	

oth certificate be executed within 24 hours after death. Page 4 may be

page 3

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-	0	3	1	5	5
REG. NO.					

REGISTI	RAR			CEKTIF	ICATE OF DEATH	REG. N	ю.			
I DECEASED N	AME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	JR D
(TYPE OR PRINT)	ER:	IC	E ANT &	NYBOR	G		ry 2,19	79	8:0	00 M
3 SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER	R 24 HRS MIN.
Mal	e	White	2	Nov.	. 16,1892 YEAR	86	YRS.	THS DAYS	HOURS	MIN.
70 BIRTHPLACE	STATE OR FOREIGN		WHAT COUNTRY	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH		
Swe		USA		WIDOWE	D DIVORCED	Baltim	ore Cou	nty		MD.
10 CITY OR TO	SON		HOSPITAL, NURSI CHEACILITY, GIVE STREE Care-To		R OTHER INSTITUTION	(TYPE OF WORK FOR MOST C Master Ma		IZE KIND C INDUSTRY Ship)F BUSIN	ESSOR
USUAL RESIDE 130, STATE Maryla	nce (if hursing home 13b, co Ba.	OR OTHER INSTITUTION UNITY LTIMOTE	GIVE RESIDENCE BEFORE 13. CITY OR TOV TOWSON	re admission) VN	13d INSIDE CITY LIMITS? YES NO 1	13e SIREET ADDRESS 68 Acorn	Circle			
14 FATHER'S N		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST Janette	ME MIDDLE Hansson		LAS	ST	
	ASED EVER IN U.S.		166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS			
Yes		V I	216-14-3	599 A	Bertha A. Nyl	borg	Same			
18 CAUS PART	SE OF DEATH (Enter I. DEATH WAS CAU	only one couse per SED BY: ATE CAUSE (o)		in 3	on's Dise:	25e				PVAL DEATH
33 Condition	ons, if ony, which		R AS A CONSEQU	ther	osclerosis			ye:	ors	
couse	ise to immediate (a), stating the ing cause last.	DUE TO, O	r as a consequ	IENCE OF						
	OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01	
CERTIFICATION 13-10 DATE	OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				TH?
ORCONIT	DENT WAS UNDERLYING RIBUTING \(\text{CAUSE OF } \)	PEAIN	M. MONTH D		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)		
	, NOTIFY MEDICAL EXAMINI	P. 21e PLACE	M. OF INHURY	19	211 LOCATION					
	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	S	TATE
sow	tify that (I) (this has the deceased alive ove, (I) (was) (did	ou 7371	13th 2418	70'	d that in (my) (aux) opinion of	to feb	ote and hour o		that (1) (
22b. SIGN		Sayp les	oner dedin.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
22d. PHY:	J. F1		olee, III	, M.D.	201 E. Unive	ersity Pkwy	. Balti	RS. IF UNDER I YEAR IF UND MONTHS DAYS HOURS RS. INTY OF DEATH County IZE KIND OF BUSIN INDUSTRY Ship Cle LAST APPROXIMATE IN BETWEEN ONSET AN YEAR NO N GIVEN IN PART 1(0) FYES NEEP FINDINGS USE FYES NO N 1B. PART 1 OR PART 2) COUNTY Altimore, Md. COUNTY	Md.	
23a BURIAL, CI	REMATION PEMOV				EMETERY OR CREMATORY	23d LOCATION		11 IV		LAYE
(SPECIFY) Bur	ial	Feb. 5	,1979	Lorra	ine Park	Woodlaw	n, Balt	O CO		d.
24 FUNERAL D			/nnnen			E REC'D. BY REGISTRAR				
Mitche!	11-Wiedefe	eld Home	6500 Yor	k Rd.	21212 FEB 6	1979	intray /	Te Green	4	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed swith the State Dept. of Health and Mental Hygene prior ta burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical forming must be notified.

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	повли). Palamos		grandyo .	1110
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03156

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

					REG. N	J.		
	ECEASED NAME FIRST CAROLYN	WIDDE	ORI	R		MONTH D	4 79	1:38P _M
3. SE	FEMALE	CAUC.	5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	7b. CITIZEN OF WHAT COUNTRY USA	? 8 MARRIE WIDOWE	D NEVER MARRIED (184110	R COUNTY		MD.
	OWSON, MD.	11. NAME OF HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	12g USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Medical Se	F WORKING LIFE		f BUSINESS OR
USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUR Bal		WN	134 INSIDE CITY EIMITS: YES NO 🛣	13e. STREET ADDRESS 8109 Holto	on Rd.		2120
14. F	ATHER'S NAME FIRST Charles	H. Schne	epfe	15. MOTHER'S MAIDEN FIRST Birdie	WIDDLE		Au1	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 264-20-5		Mrs. Caroly	n O. Grimsley		9 Holto	n Rd.
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) of ED BY TE CAUSE (o)		ST			BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if any, which gove rise to immediate couse 10%, stating the	DUE TO, OR AS A CONSEQUENCE OF THE TASTA						
NOI	underlying couse lost PART 2 OTHER SIGNIFICANT	(c) CONTRIBUTING TO		NOT RELATED TO THE TE	rminal disease or con	DITION GIV	EN IN PART 10) ·
TIFICATION		(c)	DEATH BUT		RMINAL DISEASE OR CON	20b. IF YES	EN IN PART 110 , WERE FINDIN YING CAUSES	IGS USED
EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	H OPERATION DAY YEAR 19	IN WAS PERFORMED	200 AUTOPSY? YES NO WORKED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH? NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	D DEATH BUT H OPERATIO DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCC	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJU CITY OR TOV 9 to 2-24 on death occurred on the di	20b. IF YES IN CERTIF' YES IN TEM IB, PA	WERE FINDIN YING CAUSES S ART 1 OR PART 2) COUNTY	STATE state who X (we) lost couses stoted SIGNED

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.,6500 York Rd.

BP_____ DHMH - 16 50M 1/76 (VR A 15 (4))

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and the state of the state of

NAME: Irvin Ostraw

DATE OF DEATH: February 16, 1979

PLACE OF DEATH: Baltimore County

SEE: # 79-03940
Baltimore City
February, 1979



73-03157				
10:15		W3110	A TBRADA	nt:
				-Lessa VIII
La company of the com	F9 _'40 K 3N	SAGNIT!	AB ARTARAB	RESPOT
	64.5			
	age) may be	Latter		
315	OTAPOLLONA	2 6371JA	SIGNES	
T WITH HETASTASES V YES.				
20. 4.127	31	.030		
	brea /- [XIRANO.	A .90
		no ou		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 DATE OF DEATH Fern Pearre February 4 1979 3 SEX 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR AONIHS DAYS White Female Feb. 18 7977 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Mary Land Baltimore County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Greens Lane W. PRESTON ST., BALTIMORE, MARYLAND 21201 21133 Homemaken USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maruland Balto Randallstown YES | 8921 Greens Lane 21133 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles L. Bisser Florence Thornton 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Mr. Thomas Pearre (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 214-01-2967 Greens Lane Randallstown, Md. none 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28e, AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD 4s 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from D.CC - 31 deceased alive an , and that in (my Tour) apinian death accurred on the date and hour and from the causes stated (did vidid not) wew the body after death 22c. DATE SIGNED Wa MEDICAL TO FUNERAL [
should be deta
with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Maryland Cooksville Mc Krendre_Cemeteru 24. FUNERAL DIRECTOR LOTTING BYETS FUNERAL DIRECTORS, P.A. DHMH - 16 50M 1/76 8728 Liberty Road Randallstown, Md. 21133 (VR A 15 (4))

STATE OF MARYLAND

FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR REG. NO 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) cardio d'assular dereace

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

YES [NO [

IF UNDER I YEAR

INDUSTRY

COUNTY

MONTHS

DAYS

UNDER 24 HR

MIN.

HOURS.

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

22c DATE SIGNED

DIRECTOR PHYSICIAN

24 FUNERALDIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VRA 15 (4))

BP.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20/DATE OF DEATH 26 HOUR (TYPE OR PRINT) Doris E. Perry 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MONTHS DAYS Female CAUCASIAN 26 52 vrs. Ja BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States County WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Hereford Malaw Bldg. Hereford Shopping Cen. Kresge W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Md. Balto. White Hall 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Hicks Road NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 166 SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-20-773 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse 10, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS. CERTIFICATION 0 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? buriol-tronsit per Amental Hygiene NOT NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death ould be detached the State Dept. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23b. DATE 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY February 21, 19; BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-03 | 63 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST (TYPE OR PRINT) Phillips February 6, 1979 Alice Dora 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Female White October 11. BALTIMORE CITY OR COUNTY OF DEATH IL BIRTHPLACE STATE OF FOREIGN IL CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Baltimore County, U.S.A. Maryland WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY G.B.M.C. Home Maker Own Home Towson BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION filled buld b 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14500 Cuba Road Cockeysville Baltimore Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIODLE FIRST MIDDLE Mc Greey Mark Street Catherine 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maynard H. Phillips Same as #13. 216-03-2633 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH IEnter only one couse per line for (o), (b), and (c) PART (. DEATH WAS CAUSED BY Myorardeal infano. ONSEQUENCE OF Cardio-Taxalan deasan IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF Mental Hygie 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY ŏ (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19.78 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on_ obove, (1) (we) (and) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 846 W. 36th Street Balto., Md. Reuben Hoffman, M.D. 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cockeysville, Balto., Md. Feb. 10, 1979 Dulaney Valley Cem. Burial 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1050 York Road DHMH - 16 60M 1/75

Towson, Md. 21204

Ruck Towson Funeral Home, Inc.

(VR A 15 (4))

STATE OF MARYLAND

6 2 6 2 6 6 6 satisfied the second se ruging of the color of the color of the color of the colors and the colors and the colors are colors are colors are colors are colors and the colors are colors are colors are colors are colors and the colors are colors are colors are colors are colors are colors are colors and the colors are color The state of the s 100 The later than the second of t A pure control later bula by alle con conceptable, bullets, all

STATE OF MARYLAND 79-03164 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 10 samue 6 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTH White YEAR HOURS 12 23-1883 95 7.8" BIRTHPLACE ISTATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bal Timou Baltimore County WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Retired Artist ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MAryland City Baltimore YES XX 33rd & Charles Street 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIGGLE Philpot Sadie George Catrup 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ŏ (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-18-6496 Maryland Masonic Home, Cockeysville, Md. 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and PART I. DEATH WAS CAUSED BY 3 dag Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? Sho YES NO F 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceosed alive on obove, (1) (wet (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL Should be deto DIRECTOR PHYSICIAN I MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES PRYCHMO MASOMIC 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY)Burial Baltimore, Maryland 2-26-79 Mt Olivet Cemetery 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A 15 (4))

19-03104

STATE OF MARYLAND

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100 TI	1.	FOR STATE				TH AND MENTAL HY	DEATH	7.0	00100	
(20)		REGISTRAR	FIRST	MEDICAL E.	XAMINER'S	CERTIFICATE OF	KE	G. NO. 9 -	03100	
3 8 8 8 F		ECEASED NAMI	EDWIN	MEDIE		PLASSNIG	20. DATE KNOW OF ESTI- DEATH MATE	-	21 ₁₉ 79 2b. HOUR	
ARY, PLEASE LI DIRECTOR YOUR FILES NO 72 HOURS	3. SI	x male	4. RACE white	Nov 25 /930	AGE (IN YEARS IF L LAST BIRTHDAY) MOI		HRS. 2c. DATE PRONOUNCED DEAD	монтн 2	21 19 79 P. M	
NECESSARY. FUNERAL DIS 5 FOR YOU WITHIN 72	I 70.		ATE OR	76 CITIZEN OF WHAT COUNTI	2V2 0	RRIED RIED NEVER MARRIED		CITY OR COUNTY	Y OF DEATH	
FILAY IS NE TO THE FUI PAGE 5 : SE FILED, W	0	ITY OR TOWN		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME, OR O'	THER INSTITUTION	20. USUAL OCCUPATION	FE)	2b. KIND OF BUSINESS OR INDUSTRY	
-O-m		Parkvil		3900Walthamwood		t Pk.Lot	THARMA	161/	VRugs	
21201 IF ANY DE 2, AND 3 T 3. RETAIN SHOULD B		STATEMAL	13b. COUNT		RTOWN 11	136. INSIDE CITY LIMITS? YES NO A	2105 C	idea M	ILL Rd	
ATH.	30	ATHER'S NAME	Luin	1//	ST .	15. MOTHER'S MAIDEN	NAME MODIE	Beas	Len Kor F	
BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF		WAS DECEASE	DEVER IN U.S. ARM	ED FORCES? 166. SOCI		17. INFORMANT		CLORE		
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM 18 AMINER ALONG " TRANSIT PERMIT. FTRANSIT PERMIT. REMOVAL		PART I DE	IMMEDIATI is, if any, which is to immediate stating the under-	ARTERIO CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	OSCLEROTION SEQUENCE OF	C CARDIOVASCU	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
L RECORD JULD BE EX "PENDING IFF MEDIC SED AS A F. HEALTH CREMATIC	CATION		GNIFICANT (DINDITIONS C	(c) ONTRIBUTING TO DEATH BUT NOT RELATE 19b. CONDITION FOR W			(a).	(1	BÖÖY ^{TO} ĞNLY)	
CATE SHO HE WORD THE CHI UID BE US MENT OF	CERTIF	UNDERLYING		21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 21c.	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART	YES X NO [
DIVISION OF VITA THIS CERTIFICATE SHC S. WARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF	MEDICAL	214 INHIRY	OCCURRED NOT WHILE AT WORK	EATH P.M. 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETG		OCATION STREET	CITY OR TOWN	COUN	NTY SYATE	
EDICAL EXAMINER: TE THE CERTIFICATE A SHOULD BE FOR NERAL DIRECTOR: DEATH WITH THE:			fy that I taak charge ed fram: Nature	of the remains described above alcauses XX Accident Subula	e, held an Aut	apsy X, Inspection American IIILE (SPECIFY) M.D. Assistant	Inquiry I, Undetermined manner MEDICAL EXAMINER Penn Street	ond in my opin DATE SIGNED Balto	2/22/70	
TO ME P EXECU	230		TION REMOVAL 23	DATE 2/24/79 23c. N	Ves VVIEL	OR CREMATORY Memograf	23d. LOCATION CITY OR DIS NO	COUNT	/4 4	
DHMH - 17 (VR A15 ME (5))	24.	EVANA DIREC	TUNER	eal Garal	SECO HAN	Total A 250. DATERS	CO, BYREGHTAN 256	BEGISTRANSSI	BNAWhardy	

19-03166 mala II . . . millate , deret L um. and the country of said and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME 76 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Milton Plitt 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 3 SEX 4. RACE DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 7:00P DEAD Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore County FILED, IN CITY OR TOWN OF DEATH 120. USUAL OCCUPATION LTYPE OF WORK 1126, KIND OF BUSINESS. II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SHOULD BE F Halethorpe Old Annapolis Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) VD 2 SHOULD E 13b. COUNTY 13d. INSIDE CITY LIMITS? 13r CITY OR TOWN 13e STREET ADDRESS 13o. STATE YES [NO TO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE OF VIT EIRST MINI 16-051 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL G" IN PENCE.
CAL EXAMINER ALONG ...
CAL EXAMINER ALONG ...
CHARACTERANSIT PERMIT. P. ...
CHARACTERANSIT PERMIT. P. ... 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AND MENTAL gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES T NO -210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURAN MONTH DAY YEAR UNDERLYING OR MEDICAL 17 19 79 CONTRIBUTING CAUSE OF DEATH passenger in multiple auto impact 21e PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE street Old Annapolis Rd., Halethorpe, Balto., DIRECTOR: F 22a. I certify that blook charge of the remains described Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA 2/18/79 AD Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. ADDRESS TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY LAKEVIEW **DHMH-17** (VR A15 ME (5)) 15M 7/76

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-03168

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	3-03	100
		CEASED NAME OR PRINT)	FIRST	ANNA	VIDOLE XXX	F	OLSKY	20. DATE OF DEATH 2/4/79	MONTH	DAY YEAR	26. HOUR
	3. SE	× FEMA:	LE	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
109	C	RTHPLACE (STATE OF NEW YOU	26		WHAT COUNTRY?	WIDOWE	D NEVER MARRIED C		Balt	o Co.	MD.
55	& Balto. Co. BALT			BALTO.	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACILITY, GIVE STREET ADDRESS) CO. GEN HOSPITAL			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING L	LIFE) INDUSTRY	AT HOME
31	13a. S	AL RESIDENCE (IF NO	13b. COUN	OALTO	BALTO.		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 7500 SHE	Low	SED RI	> #21208
12		4. FATHER'S NAME FIRST NOAH SHERRY SARAH				MIOOLE		HACKER	ST MAN		
l medica	16a V	VAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 213-74-		STANLEY HIKE		LWOOD	D RD.	#21209
	ATION	gove rise to incouse (o), sto underlying counderlying counderlying counderlying DATE OF OPER SI	gnificant	conpilions co	Scar ONTRIBUTING TO D Clarke	A CONSEQUENCE OF S CONTAINS TO GOTTHE CA RIBUTING TO DEATH BUT NOT RELATED TO THE TERMI PROPERTY OF WHICH OPERATION WAS PERFORMED			MINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 200. AUTOPSY? 200. AUTOPSY? 200. SEPPENDINGS USED		
2	CERTIFICATION	21a. ACCIDENT WAS U	INDERLYING [LIGHT A	PFINJURY M. MONTH DJ	AV YFAR	21c. HOW INJURY OCCUR	YES NO	Y	YES TO PART 2)	NO [
Nego or nego	MEDICAL	OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 21d, INJURY OCCU WHILE NOTIFY NOTIFY ME)	DICAL EXAMINER)	P. 21e. PLACE	M.	19	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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-	(BURIAL, CREMATIO SPECIFY) BURI UNERAL DIRECTOR	AL	FEB.	5,1979 A	ITZ C		123d. LOCATION CITY OF TOWN BALTIN JE REC'D. BY REGISTRAI			YLAND WIRE

BALTO

6010 REISTERSTOWN RD

MD 21215

1979

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 79-03168

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STATE OF MARYLAND 79-03170 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26. HOUR MIDDLE DECEASED NAME (TYPE OR PRINT) 2/22/79 1:50 Price C. Anna IF UNDER 24 HRS IF UNDER 1 YEAR AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 4 RACE 3. SEX YEAR White Female 11 18 90 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY Te. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland Baltimore U.S. WIDOWED 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Catonsville Fred. Villa Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. CHILDRED 130. 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS ond 2 should b 21227 5524 Thomas Ave. Baxixtximucke Baltimore Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Elizabeth MIDDLE Michael E. ring Mueller 17. INFORMANT 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 21207 Donald Price, 1914 Greengage Rd. 217-32-8404 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS MEQNSEQUENCE OF 4/1050 600515 gove rise to immediate DUE TO, OR ASIA COMSEQUENCE OF couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CERTIFICATION 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ALUNYY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS ONDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF 19 (IF FITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211, LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 76 220.1 certify that (I) (this hespital) ditended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on_ obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED DEGREE 226. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME LINEOR PRINT) ld b 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY (SPECHY)
Burial 2/26/79 New Cathedral Cem. Baltimore. Maryland DATE REC'D. BY REGISTRAR 256. RECISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, DHMH - 16 25M ditzke Funeral Home of Catonsville, P.A. 21228 (VR A 15 (4)) 9/74

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DHMH-16 50M 7/77 (VR A 15 (41)

		FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		3171
		CEASED NAME ORPRINT)	FIRST		MIODLE		AST	Q. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR A.
	0.65		Carl	John He	rman		s, Sr.	Februa		
	3 SE	MALE		4 RACE WHI	TE		DE BIRTH DAY 899 YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS	YEAR IF UNDER 24 HRS OAYS HOURS MIN.
	7a. BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
55		BALTIMORE,			S.A.	WIDOWI	DIVORCED	Baltimore		MD.
57	- 1	OSSVILLE,		CIE NIOT INTOLIC	HEACHEN CONFERENCE	+ nonrece)	HOSPITAL	(TYPE OF WORK FOR MOST OF RETTRE	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY TINENTAL CAN
35	USU, 13a S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION,	ROSEDAL	E AOMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	St. # 2123	37.
130	14. FA	ATHER'S NAME FIRST FERD]	NAND	C. PROS	S		15. MOTHER'S MAIDEN NAME FIRST CHR	ME ISTINA MIOOLE WA	GNER	LAST
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	215-01-		17. INFORMANT CHRISTINE CI	7835	SKENLEY R	D. 222, MD.
	LION		which mediate g the last	D BY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC	Cardio R AS A CONSEQUI Interstit R AS A CONSEQUI Pneumoni	Pulmo	onary Arrest Pulmonary Fibr	INAL DISEASE OR CONE	DITION GIVEN IN PA	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES I	
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 CELLALITY CITY OR TOWN COUNTY STATE								
1		22d PHYSICIAN'S NA Ronald J		1/	Teg		PHYSICIAN [220. ADDRESS 9000 Frank]		/	12479
	23a. B	BURIAL, CREMATION, SPECIFY) BURIA		23b. DATE 2-26			OF FAITH	23d. LOCATION CITY OF TOWN KENWOOD AV	COUNTY TE. OVERLE	STATE A MD
	61	INERAL DIRECTION	lev+S	in due	901 S. BALTO.,	CONKL	ING ST. 250. DATE	EREC'D. BY REGISTRAR	256. REGISTRAR'S SIC	NATURE

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	umasu 1974 32-2 L.M.
8	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-03172 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a DATE OF DEATH 2b. HOUR EXPE OR PRINTS Quandt February 12. 1979 Eugene Luverne IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR December 19 1928 MONTHS DAYS White 50 Male BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Baltimore County U. S. A. Minnesota WIDOWED DIVORCED | II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR 629 Lake Drive Printer INDUSTRY Towson USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). Balt. Md. 21204 136 COUNTY 13. STREET ADDRESS Drive 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Maryland Baltimore Towson YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Harold Quandt Bertha Redemski ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 470-28-5871 Mrs Rita Quantit Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) #(b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate lo1, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Pei NO YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE -DE GREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN be de MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b George C Roveti 100 North Broadway Baltimore. Md shoul with 0 23C NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Burial STATE COUNTY Lakeview Memorial Sykesville Marvland 250 DATE BEC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE FEB 16 1979 24. FUNERAL DIRECTOR DHMH-16 20M Leonard JRuck Inc. Baltimore. Maryland (VRA 15, 4) 7/7B

Balto. Md.

21212

FOR

REGISTRAR

- STATE

(VR A 15 (4))

York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

HOURS

LAST

30

STATE

IF UNDER 24 HRS

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(NA)		FOR - STATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGIENE OF DEATH	79-03	
e 4 moy ce ctor, page 5 offer death	1 DE	CEASED NAME FIRST CORPRINT) KEITH	B. RADCH RACE S. DATE OF BIRTH CAUCASIAN MONTH	20 DATE O	2/15	YEAR 26 HOUR M
rs after death. Pages the funeral direction of the within 72 hours in notified of once.	5	IRTHPLACE ISTATE OR FOREIGN OUNTRY) ITY OR TOWN OF DEATH OWSON	WIDOWED [] NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DIVORCED 120 USUAL	ALO. COUNTY OF OCCUPATION	FDEATH 172 KIND OF BUSINESS OR INDUSTRY CHENC:
ARYLAND 2121 I within 24 hours pletely filled in k nd 2 should be it	,13a 14. F	ATHER'S NAME FIRST	THE INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13c CITY OR TOWN 13d INS 15 MOT LAST	IDE CITY LIMITS? 13e STREET NO THER'S MAIDEN NAME FIRST	ADDRESS	LAST
LTIMORE, MA	16a \	WYNNOFTZ NAS DECEASED EVER IN U.S. ARA YES, NOORUNKNOWN) (IF YES, GIVE	D FORCES? 166 SOCIAL SECURITY NO. 17 INEC	DONALD	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Her this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Memal Physieine prior to burial, cremation, or removal. arked or flem 18 shows any injury, or ather traumatic event, the medical examine fluust be not acked or flem 18 shows any injury, or ather traumatic event, the medical examine fluust be not acked or flem 18 shows any injury, or ather traumatic event, the medical examine fluust be not acked or flem 18 shows any injury, or ather traumatic event, the medical examine fluust be not acked or flem 18 shows any injury, or ather traumatic event, the medical examine fluust be not acked or flem 18 shows any injury, or ather traumatic event, the medical examine flux flux flux flux flux flux flux flux		PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	CANCINO HA	PROSENTE	NAL WEEN ONSET AND DEATH
VITAL RECORDS, 20 No. The low requires hysician. Icote has been signed ransit permit. Then pl. Hygiene prior to buri. 18 shows any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	196. CONDITION FOR WHICH OPERATION WAS P	TANCH DU	OPSY? 206. IF YES, WIN CERTIFYIN YES	VERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITA DING PHYSICIAN: Th I or ottending physicia S. After this certificate See os the burial-transit ealth and Mental Hygis s marked or Item 18 sh	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOC	CATION TREET		COUNTY STATE
OR ATTEN he haspital DIRECTOR: coched for us to Dept. of He		270. I certify that (I) his hospit saw the deceased alive an above. (I) well (did) (sid not 270. SCNATURE	piew the body offer death.	ATTENDING MEDICAL PHYSICIAN LIDERECTOR	ed on the date and hour on	tho (I) we) lost and from the couses stated
TO HOSPI retained b TO FUNE should be with the S	230	22d. PHYSICIAN'S NAME (TYPE OF DOWN) BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. NAME OF CEMETERY	OR CREMATORY 1234 LOC	M M)	UNITY STATE
BP DHMH - 16 50M 7/77	24. F	Removal UNERAL DIRECTOR	2-15. 77	25a. DATE REC'D. BY	REGISTRAR 25b. REGISTRAI	R'S SIGNATURE

Balto., Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

Anatomy Board

19-03174 Company of the rest of the content o STREET STREET STREET STREET GAR STATE OF THE PROPERTY AND THE YHI ARMAY AND SURE AND ATT Compaction ! Cont of Charles

				STATE	F MAKTLAND				
	1 -	FOR STATE	DEP		LTH AND MENTAL HY	GIENE			
		REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	o. 7	0 00	170
		EASED NAME FIRST	MIDDLE	D AT ALAST	10-07	20. DATE OF DEATH	HINOM	BY UARD	ь ноце
		大压的冰	\M.	KRATAU	3dax 17 K	FEBRUARY		1979	11:104
3.	SEX	mn/-	4 RACE	5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	IDAY)	MONTHS DAYS	HOURS MIN
7.	PID	THPLACE ISTATE OR FOREIGN	WIIIE	/-	20-1914	(05	YRS.		
577		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	4/
6/	\$	CORTOWN OF DEATH	11.5.77	WIDOWED		BHOLL	(3	001013	MD.
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aq U	JSUA 3a, ST	RESIDENCE (IF HURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	us /		Pary	1200	LOZIC.
E 10	1	na Bh	670 Ga. CITY OR		INSIDE CITY LIMITS	308 SAS	SAF	CAS I	BAC
mine 14	4 FAT	HER'S NAME	AIDDLE AIDTLE	() 15	MOTHER'S MAIDEN NA	ME	0	TAST	,)
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medicol 16		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO. 1	INFORMANT	ADDRE	SS	1300	51
		2/0	ald o	9-1676	HUGREV	KATAJC	22A)	P PAS	SAFPA
t, the		8 CAUSE OF DEATH (Enter onl	y one cause per line far (a), (b	ol, and (cl.)			7	APPROXIA BETWEEN O	MATE INTERVAL
event,	- [PART I. DEATH WAS CAUSED			EDING FROM	DUODENAL	ULC	ER	SOLI AND SERVI
	Я	42711	DUE TO, OR AS A CONS						
troumatic		Conditions, if any, which	(h)	EQUENCE OF					
		gave rise to immediate cause (a), stating the	10/						
		underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF					
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	Z	ISCHEMIC HE	ART DISEASE	. CONGE	STIVE HEAR	T FATTIIDE	DT	V DEWEG	
and it	¥	% NHEOLOPINGN	196 CONDITION FOR WI			200. AUTOPSY?		S, WERE FINDIN	GS USED
2	E	2-28-79 (E	NDOSCOPY)			VES D NOTE	IN CERTI	FYING CAUSES	OF DEATH?
9	CERTIFICATION	10. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12	Ic HOW INJURY OCCUR	YES NO		PART 1 OR PART 2)	№ □
/	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		, and the second		((4.174.12)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	II LOCATION			-	
1	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
		220 I certify that (1) this haspit			- <u>28</u> , 19 <u>79</u>		-28	19 79 , 1	hat (I) we ast
		saw the deceased alive an above, (I we (did (did not	2-28	1979., and 1	hat in (my) our ppinion	death accurred on the do	te and ho	ur and from the c	auses stated
		226. SIGNATURE	100110	DE	GREE			22c DATE S	IGNED /
		AH	110005	Va	ATTENDING PHYSICIAN [MEDICAL STAF	IAN PA	354	= 774
		2d. PHYSICIAN'S NAME (TYPE OR	STIP I MED I) 2		RCH HOSPI		CORPORA	ATION
1		4 1.	OOK MIN.		LOO N. BRO				
7	30. BL	RIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d LOCATION			
	(SP	GIFY RIPIAN	3-3-79	MAHIL	WIN) CEN	CITY OR TOWN	77	COUNTY	STATE
3 24	4. FUI	SERAL DIRECTOR	, , , ,	401.0	Charles To. DA	E REC'D. BY REGISTRAR	Sb. REGIS	TRAR'S SIGNATU	JRE
C	77	Thn) m 11	FAFD LO	Page In	MAI MAI		Ri		model

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

1640 Edmondson Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 2h HOUR 25 IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dwn Home 221 Linkside Drive ADDRESS Granville Ro Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED COUNTY STATE Meadowridge AA Md Dorsey DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Witzke Funeral Home, of Catonsville Baltimore, Md. 21228

injury, or ather traumotic event, th

marked ar Item 18 shows any

MPORTANT: If Item 21 is

page 3

STATE OF MARYLAND

1 -	REGISTRAR			DEFARI		ICATE OF D	EATH		G. NO. 7	9-03	177	
	CEASED NAME ORPRINT)	FIRST		MIDDLE		LAST		2a. DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR	
		Anna		C.	Re	illy		Febru	ary 5,	1979		М
3. SE	Х		4 RACE		5. DATE (YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS		HRS
	Female	000019	Wh	nite	Nov	. 5,	1890		88 YRS.		HOURS A	1414
	IRTHPLACE (STATE OF	FOREIGN	Th CITIZEN OF	WHAT COUNTRY	8 AAA BBIE	D NEVER M	APPIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
	Maryland	The state of	U.	S.A.	WIDOW		ORCED	Balt	imore 0	lady ty		MD
Parkville			(IF NOT IN SUC						126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 126 KIND OF BUSINESS OF WORKING LIFE)			OR
13a.	AL RESIDENCE (IF NO STATE Laryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOV Parkvi	VN.	134 INSIDE CI	Y LIMITS?	13e STREET ADDR 2522	Balt Hiller	est Ave	21234 nue	
14 F/	ATHER'S NAME		AIDDLE	LACY		15 MOTHER'S	MAIDEN NA	ME	N.F.			
	John	Ada	m Ha	berkorn			eresa	MIDE	JE .	Schnei	ber	
	WAS DECEASED EVE		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMAN	I Daus	ghter: A	DDRESS B	alt., M	d. 212	34
,	No	(IF TES, GIVE	WAR OR DATES	212-07-	0716	Mary A				t Avenu		
	18 CAUSE OF DEA	ATH (Enter onl	y one couse per	line for (o), (b), o	nd (C)		_<	/	4 .	APPROX BETWEEN	XIMATE INTERVAL	ATH
	PART I. DEATH		E CAUSE (6)		Con	sala	e,	hears 1	colur	1 14	miss	
	459.	7		r as a consequ	IENICE OF			8				
	Conditions, if or	y, which	((b)	K AD A CONSEGR	erree or	ASCL	23			200	nos	
		gave rise to immediate cause 10°, stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying couse lost											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IF							IVEN IN PART I	(o)			
O N		Cm	more	winds	com	3 5	ans					
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDE		
TIF			100					YES NO	_ /	YES [NO [
CER	210. ACCIDENT WAS U		216. TIME O	F INJURY M. MONTH D	AY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF	F INJURY IN ITEM 18	I, PART 1 OR PART 2)		
AL	OR CONTRIBUTING		P.		19	100						
MEDICAL	21d. INJURY OCCU	RRED ;	21e PLACE			21f. LOCATIO	N	CITY	OR TOWN	COUNTY		
×	WHILE NOT AT W	WHILE	(AT HOME, SI	REET, FACTORY, OFFICE,	FARM, ETC.)	SINEEL		CITY	OK TOWN	COUNTY	STATE	
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	sow the deced	sed ofive on	view the body		28 %	nd that in (my) (our) opinion	deoth occurred on t	the date and ha	our and from the	couses states	d
	226. SIGNATURE	Taia (Taia Noi	1 view life body	Otter deom.	- P.	DEGREE	1			22c. DATE	ESIGNED	
			19 ta	weel	n		TENDING HYSICIAN D	MEDICAL DIRECTOR PH	STAFF HYSICIAN [2/6	179	
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	,	/	22e. ADDRESS		a omegrond i	N OICENIT D			
	Dr. S.	Ellic	tt Harr	cis M.D.		8100	Harfo	rd Road	Baltimo	re, Mar	yland	
	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR C		23d. LOCATION				_
(SPECIFY) Buri	al	Feb 8	1979 M	lost H	oly Red	eemer	Balti	more	Mar	yland	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Maryland

Baltimore

1979

FEB

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LEGISTRAR'S SIGNATURE LEGISTRAR

79-03176 79-03177

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Lr. J. Millott Mannis H.D. (120 Enrich ford religions, Manyland retain to the Street Root fold treature and the Street Root fold treature and

moy be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00170

FEB 1; 1979 profess Record Records

	1	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	0.19	1-031	10	
		CEASED NAME FIRST	,	MIDDLE	l	AST		20. DATE OF DEATH	HTMOM	DAY YEAR	25 HOUR	
		Joseph			Resta	a		F	EB	10 1979	94) M	
	3. SE		4 RACE	PER PRINC	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		Male		Cau.	6	26	1893	85	YRS.			
9-	70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Itlay		WHAT COUNTRY?	8 MARRIEI	D NEVE	R MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
		ITY OR TOWN OF DEATH		S.A.	WIDOWE		DIVORCED [Raltimor	e Cou	nty	MD. OF BUSINESS OR	
and the second	10.0	Towson	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		13111011014	(TYPE OF WORK FOR MOST			F BUSINESS OR	
oe	ÚSÚ.	AL RESIDENCE (IF NURSING HOME	St. J	OSEPH'S F	ADMISSION)	tal		141101				
5	Ma	aryland 136 COL		Balto	N	YES 🔼	CITY LIMITS?	13e. STREET ADDRESS				
1/2	14. FA	ATHER'S NAME	MIDDLE	LAST		10.00	R'S MAIDEN NA	WE		LAS		
ex C		Francesco		Resta			Antoinette			Justi ODRES 1226 Walker Ave.		
0		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	218-32-10		17 INFORA						
e a		110		210-32-1	000	Mrs.	Anne E.	Falkowski	Balt		Md. 21239	
, 10	A.	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per ED BY:	line for (a), (b), one	dic		- 1:11 -1	0, 0.	15.	BETWEEN	MATE INTERVAL ONSET AND DEATH	
o e o		1/100 IMMEDIA	ATE CAUSE (0)	Mucio	Je de	rope	Muth	so vasque	NA	ear 2	Mar	
To H		To 10	, ,	R AS A CONSEQUE	NCEOBL	se.	nen s	Margan	e			
110		Conditions, if any, which gave rise to immediate	(b)	over Car	Clist	R. U	9000	- March	and and			
one		couse (0), stating the underlying couse lost.	DUE TO, OI	r as a conseque	NCE OF							
γ, ο		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEASE OR CON	IDITION G	GIVEN IN PART 10	01	
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No P	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a. AUTOPSY		ES, WERE FINDIN		
2	RTE							YES NO		YES 🗌	NO 🗌	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O HOUR A.	M. MONTH DA	YEAR	716. HOW	INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	8, PART 1 OR PART 2)		
le /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P. PLACE		19	211. LOCA	TION					
0	ME			REET, FACTORY, OFFICE, F	ARM, ETC.)	STRE		CITY OR TO	WN	COUNTY	STATE	
E C		WHILE AT WORK AT WORK 120.1 certify that (1) (this has	nital) attended th	e Aeressed from			10 7	1 oftet	10	10 79	that (I) (we) lost	
2		sow the deceased alive o	n. 15 e	G- 7 19	17/	nd that in (fr	y) (our) opinion	death accurred on the	lote and h			
и пеш		obove (1) we (did) did r	of) view the body	offer death.	,	DEGREE				22c DATE	ŞIGNED	
		matte 7	1 no	le soft	P	1.7	ATTENDING PHYSICIAN	MEDICAL STA		Feb	-10.1979	
7		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	/	22e ADDR					RIDE	
A CANA		WALTER	R. U	ELZAR	TI	10	422-		DICA	AC TI	2/201	
	230. (BURIAL CREMATION, REMOVA (SPECIFY) BURIAL	Feb.		udon		R CREMATORY	Barrino	re,	COUNTY	Md. STATE	

Balyimore, Md. 6500 York Rd.

21212

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

Mithell-Wiedefeld

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

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Silitore,	o. 13,71 Louceon Lare	oi laime
solous.	521 Unorts, 10, 21512 15.5	12.011-4.000.01

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executed within 24 hours after death. Page

certificote be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retoined by the hospital or ottending physicion

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	3	1	7	-

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	79-	03	179
	1 DEC	TEASED NAME FIRST	WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	TYPE	OR PRITA	L	R	ETZ	FEBRUARY	27,19	79	3:40A M
	3 SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTI		JNOER 1 YEAR	IF UNOER 24 HRS
į.	24	Ŧ.	W	MANTE	0 V 6 1922	56	YRS.		HOURS MIN.
			TO CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
4		Md.	4.5 A.	MARRIED WIDOWE	DIVORCED [baltimore			MD.
8		TY OR TOWN OF DEATH WSON	SAINT FOSE	PH HOSP		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND O	DF BUSINESS OR
5	USU A 13a S	AL RESIDENCE IF NURSING HOME OR TATE 13b. COUN	ITY 134 CHEY OR	TOWN / 1	13d. INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS	When	dala	Rd
	14. FA	THER'S NAME	MIDDLE LAS	0	15. MOTHER'S MAIDEN NA	AME		AAC	7 4
0		George	MIDDLE P LAST	RETZ	ANI	YA /		NA	124
		VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL WAR OR OATES)	SECURITY NO.	17 INFORMANT	ADDRE	1		
		MAO			MAM	ity Roll	rds		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) MMEDIAT	D BY: E CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	ER OF C	OLON WITH (GÉNERALIZE	D		MAPE INTERVAL ONSET AND DEATH
	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	OITION GIVEN	IN PART 16	0 '
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	
0	ERI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUP				
1		OR CONTRIBUTING CAUSE OF DEA	LICHE A M. MONITI	DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	211. LOCATION			100	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	-5-2-	STREET	CITY OR TOW	'N	COUNTY	STATE
		220.1 certify that X (this hospi sow the deceased alive on above, (X/we) (did) (did X/2	Feb. 27,	79 on	d that in (m) (our) opinion	9 to Feb, 27 deoth occurred on the do	te and hour a		that (# (we) last couses stated
		22b. SIGNATURE AM	scalant	M	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	-7/79
	1	22d PHYSICIAN'S NAME (TYPE OF	R PRINT)	1777	22e ADDRESS	lacton	HACI	1178	1
		MATH (III)	t. PSUIL	N/((II)	11/1	003/1/61	NUSI	1///	

23c. NAME OF CEMBTERY OR CREMATORY

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the busial-stransis permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72) with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, or other traumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

230 BURIAL CREMATION, REMOVAL

EVAN, To

23b DATE 3-2-

medical examine must be notifi

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	10.11.		(a) "	97-	()	ingin
pulse acr	3-1		312/S-110	15 .001	francisco.	1 no

the attending physician and campletely filled in by the funeral director remove carbonpopers. Pages I and 2 should be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

HUBBARD FUNERAL HOME, INC.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

1	1 -	FOR STATE REGISTRAR		DEPARIN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	o. 79	3-03	181
		CEASED NAME FIL	ST	MIDDLE	L	AST			DAY YEAR	26 HOUR
,	IIIE		ORENCE	C.	Ri	LEY		2 2	7 79	6:30 A
3.	SEX	(4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 24 HI
ı	F	EMALE -	W	HITE	MONTH	16 1890	88		AONTHS DAYS	HOURS MI
70		RTHPLACE (STATE OR FOREIG	76 CITIZEN C	F WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
9	CO	PA.		USA	WIDOWE		BALTIMO	RE COL	UNTY	
10). CII	TY OR TOWN OF DEATH		F HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS
7	(CATONSVILLE	LITT	0		HE POOR	SEORETAF			MARI-
		AL RESIDENCE (IF NURSING H		ON, GIVE RESIDENCE BEFORE	ADMISSION)					COMM.
4	3u 3	D.C. 136	COUNTY	WASHING		13d. INSIDE CITY LIMITS? YES [.] NO XX	13e STREET ADDRESS 7701 GEOR	GTA AV	/E., N.	-
14	FA	THER'S NAME			1011	15. MOTHER'S MAIDEN NA	ME	0111111		
/		PATRICK.	MIDDLE	RILEY	,	MARY	MIDDLE		LAVEL	
16	a. W	AS DECEASED EVER IN L				17. INFORMANT	ADDR	SS CTTT	ER SPR	
1	(Y)	ES, NC W I MAIOWN) (IF	ES, GIVE WAR OR DATES)	195-10-	1046	HARRY E. HAR	Carried Street	STTA		
=	= (18 CAUSE OF DEATH E				IMAKI E. IMK	1004 W	TILL C		MATE INTERVAL
		Conditions, if any, wh gave rise to immedicause (a), stating underlying cause li	ich (b),	OR AS A CONSEQUE OR AS A CONSEQUE A.S. CU.D.	NCE OF	in foreteon	levosin & Eg	oplage	e ?	
NO.	NOIL	gave rise ta immedi cause (a), stating underlying cause li PART 2 OTHER SIGNIFIC	ich (b), ote the hote (c) DUE TO, (c) ANT CONDITIONS	REAL CLEE OR AS A CONSEQUE A.S. CU.D., CONTRIBUTING TO D	ENCE OF A CO	con read otherse	INAL DISEASE OR CON	DITION GIVI		
CICATION	FICATION	gave rise ta immedi cause (a), stating underlying couse li	ich (b), ote the hote (c) DUE TO, (c) ANT CONDITIONS	OR AS A CONSEQUE A.S. CU.D.	ENCE OF A CO	con read otherse	INAL DISEASE OR CON	20b. IF YES	, WERE FINDIN	IGS USED OF DEATH?
MOLECATION	RTIFICATION	gave rise to immedicause iol, stating underlying couse li	ich (b), ofte the last (c). ANT CONDITIONS	OR AS A CONSEQUE AS CULL CONTRIBUTING TO D IDITION FOR WHICH	ENCE OF A CO	NOT RELATED TO THE TERM	200. AUTOPSY? YES NO	20b. IF YES IN CERTIFY	, WERE FINDING CAUSES	IGS USED
	CERTIFIC	gave rise ta immedi cause (a), stating underlying cause li PART 2 OTHER SIGNIFIC	ich (b), ote DUE TO, sst. (c). ANT CONDITIONS 196, CON	REAL CLEE OR AS A CONSEQUE A.S. CU.D., CONTRIBUTING TO D	NCE OF A double of the second	con read otherse	200. AUTOPSY? YES NO	20b. IF YES IN CERTIFY	, WERE FINDING CAUSES	IGS USED OF DEATH?
		gove rise to immedicate (a), stating underlying couse in PART 2 OTHER SIGNIFICATION DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	ich (b), of the he h	OR AS A CONSEQUE OR AS A CONSEQUE OS CURD CONTRIBUTING TO C IDITION FOR WHICH OF INJURY A.M. MONTH DA P.M.	NCE OF A double of the second	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	200. AUTOPSY? YES NO	20b. IF YES IN CERTIFY	, WERE FINDING CAUSES	IGS USED OF DEATH?
	N N	gave rise to immedicate on a course in a c	ich (b), the property of the post. (c) ANT CONDITIONS I 19b. CON ING	OR AS A CONSEQUE OR AS A CONSEQUE OR OF SOME STATE OF SO	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200. AUTOPSY? YES NO	20b. IF YES IN CERTIF' YES RY IN ITEM 18, PA	, WERE FINDING CAUSES	IGS USED OF DEATH?
	MEDICAL	gave rise to immedicate and in stating underlying couse II PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this	ich of the order o	OR AS A CONSEQUE OR AS A CONSEQUE OF SCHOOL OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET	200. AUTOPSY? YES NO CITY OR TO: , to 200.	20b. IF YES IN CERTIF YES RY IN ITEM 18, PA	WERE FINDIN YING CAUSES S ART 1 OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
	MEDICAL	gave rise to immedicate on, stating underlying couse III PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CALE 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	ich (b), of the he h	OR AS A CONSEQUE OR AS A CONSEQUE OF SCHOOL CONTRIBUTING TO DE DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from 192	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET	200. AUTOPSY? YES NO CITY OR TO: , to 200.	20b. IF YES IN CERTIF YES RY IN ITEM 18, PA	WERE FINDIN YING CAUSES S ART 1 OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
	MEDICAL	gove rise to immedicate and in the course of	ich (b), of the he h	OR AS A CONSEQUE OR AS A CONSEQUE OF SCHOOL CONTRIBUTING TO DE DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from 192	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 2 19 2 2 Ind that in (my) (our) opinion of the performance	200. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY 19 7 9 1 or of trom the	NGS USED OF DEATH? NO STATE
	MEDICAL	gave rise to immedia couse III on stating underlying couse III PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED AT WORK 22a.1 certify that (I) (this sow the deceased a cobove, (I) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ich (b), of the he h	OR AS A CONSEQUE OR AS A CONSEQUE OF SCHOOL CONTRIBUTING TO DE DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from 192	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 2 19 2 2 Ind that in (my) (our) opinion of the performance	200. AUTOPSY? YES NO CITY OR TO: to deoth occurred on the d	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY 19 Z L. 10 and from the	STATE thot (I) (we) I couses stoted
	WEDICAL WEDICAL	gave rise to immedia couse III on stating underlying couse III PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED AT WORK 22a.1 certify that (I) (this sow the deceased a cobove, (I) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ich ote to the ote of	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. The deceosed from Or office of the deceosed from the deceosed fro	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET 217. LOCATION STREET 218. ATTENDING PHYSICIAN 2 219. ADDRESS	200. AUTOPSY? YES NO CITY OR TO: to deoth occurred on the d	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY WERE FINDING YING CAUSES COUNTY 19 Z J., ond from the 22c. DATE Z Z COUNTY	STATE thot (I) (we) I couses stoted

4107 WILKENS AVE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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M. SHAL HOLD THIN STEE ARE	LATINU . OF THE	507-01-02	

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DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03182

	100	REGISTRAR			CERTIN	ICAIL OI DI	MIII	REG. N	10.			
74			IRST	MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	[1186	Edi:	th	A. R	ithmi:	ller			02	12	79	9.00 aim
	3. SE	X	4 RACE		5 DATE C	FBIRTH	1300	6 AGE (IN YEARS LAST BIR	THDAY		ER 1 YEAR	IF UNDER 24 HRS
		Female	Cau.		MONTH	°21	92	87	YRS	MONTHS	DAYS	HOURS MIN
9 -		IRTHPLACE (STATE OR FOREIC		WHAT COUNTRY?	8 MADDIE	D NEVER M.	ARRIED X	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
50		Maryland		<u> </u>	WIDOWE	D DIV	ORCED	Baltimo	re Co	ounty	-	MD
27		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL OCCUPAT			KIND OI	F BUSINESS OR
70	_	Catonsville		in the Pir		atonsvil	.le	Box Maken			Super	rior (o.
35	13a. S	Md.	HOME OR OTHER INSTITUTION COUNTY Baltimore	13c. CITY OR TOW Baltimos	N	130 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 1516 Ridge	Road	1 Ba	lto.	Md. 21228
130	14 F/	ATHER'S NAME FIRST John	MIDDLE	Rithmille	r	15. MOTHER'S	RST	ME	-	Ur	rknow	un.
,	160 \	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMAN		ADDR				
1		YES, NO OR UNKNOWN) (IF		213-03-51	124	Mr. Mil	ton 1.	Stegman, 151	6 Ri			
		18 CAUSE OF DEATH E	inter only one cause pe	er line far (a), (b), and	d (c).i		11/	A.			APPROXU	MATE INTERVAL
			MEDIATE CAUSE (a)	massin	- Me	rocore	the i	merchio	7		1/2	hr.
		410-	DUE TO, O	OR AS A CONSEQUE	NCE OF			V				
		Canditions, if any, who		asc	VW					-	1527	
		cause (a), stating		OR AS A CONSEQUE	NCE OF							
	5		(c)									
	N	PART 2. OTHER SIGNIFIC	CANT CONDITIONS (CONTRIBUTING TO D	DEATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE OR CON	DITION	GIVEN IN	PART 1(a	1)
2	CERTIFICATION	19a, DATE OF OPERATION	N 196. CONI	DITION FOR WHICH	OPERATIO	WAS PERFOR	MED	200 AUTOPSY?	IN CER			IGS USED OF DEATH?
a	CER	210. ACCIDENT WAS UNDERLY		OF INJURY	VEAR.	21c. HOW INJ	URY OCCURE	RED JENTER NATURE OF INJU	RY IN ITEM I	8, PART 1 OR	PART 2)	
	SAL	OR CONTRIBUTING CAUS	L OF DEATH	P.M.	19	(E. 19)						
6	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	4.7110.17 0	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION	4	CITY OR TO	WN	cou	NHIA	STATE
		220.1 certify that (1) (The saw the deceased a abave, (1) five) (did)	~	-10-197	7/3	d that in (my) (i	, 19 <u>78</u> For) apinian (ta, ta	2 late and h	. 19_7 our and f	/	that (I) (last causes stated
		72b. SIGNATURE	Sallag	41 Ds.	2	DEGREE AT PH	TENDING HYSICIAN	MEDICAL STA		22	CA-12	4-79
1		Dr. Wilmen	r Gallager	,Sr.		226. ADDRESS 6209 F1	rederio	ek Rd. Balt	imore	, Md	. 21	.228
	(BURIAL, CREMATION, REA (SPECIFY) Burial	Feb. 15			Park Ce	metery			,	aryli	
	24. FI	UNERAL DIRECTOR CITTLE FUNERO	al Home, 130	8.F872 A	Ave. Ba	lto.Md.	aged aged	B 1 6 1979				Credy

19-03162 THE PROPERTY OF .mc oleman Na. T. Comp. Const. Catonaville | House in the Times Catonaville | Alice Catonaville id. Partitioned Baltimore . N. 1. Many of the Age of the Age of end formation to Extend the 213-03-1121 The Meanth. Some, But there is the to. Dr. Million College, Mr. all V 6200 Predoriol Mi. Bel tilgre, No. 3220 water year, 19, 1970 year and trans me hour blackmars, completed The state of the s FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03184

	183	REGISTRAR				CEKTIF	ICAIE OF DEATH		REG, NO).	, 00	
		CE ASED NAME OR PRINT)	FIRST		MIDDLE	0 '	AST	20	DATE OF DEATH		DAY YEAR	26 HOUR
	(TIPE	\/an	es.	A	ires	Kil	ter			2-0	24-79	11: 12 M
	3. SE	*		4 RACE		5. DATE C		6. /	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS
	0	Jem al	4	The	le	MONTH	- 9 - VEAR 3		75	YRS	MONTHS DAYS	HOURS MIN
17 /		IRTHPLACE ISTATE OR FO	/	76 CITIZENLOF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 8	BALTIMORE CITY O	COUNT	Y OF DEATH	
20	10	Dacto. I'd	Lo	U.J./	•	WIDOWE			Saller	nos	Cour	4. MD.
0	10 C	ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		ROTHER INSTITUTION		USUAL OCCUPATION OF OF WORK FOR MOST OF			OF BUSINESS OR
10		Salto	a mail	Verun	y Othan		using Home		Hochschild			phone
9 500		AL RESIDENCE (IF NURSI	13b COUN		OVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e	STREET ADDRES		Open	ator
(3)		Md.	Bal	to.	Balto.		YES NO 🔀		3911 N	2005	wood	lana
-7	14 FA	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N.		WIDDLE	1.	LAS	ST
250		John	No AL	ires		02-11	Mary	5%	iz. Yebhar	idt		
1		VAS DECEASED EVER I		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	0.	ADDRE	SS A1	,	/ 2/2
		No			218-32-8	967	Mr. John A.	Ri	tter - 391	1 lie		
		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for (q), (b), one				And the same of th	h	BETWEEN	ONSET AND DEATH
		PART I. DEATH W		E CAUSE (a)	(19theri	1.200	in-lie Cie well	Rien'	Vazeden	Dina	- Trre	by offer.
		4292		DUE TO, OI	R AS A CONSEQUE	NCE OF					51 23 3	
		Canditions, if ony,	which	((b)_								7.0
		gave rise to imm couse (a), stoling		DUE TO, OF	R AS A CONSEQUE	NCE OF						
		underlying cause	last	(c)			THOUGHT S			-		
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINA	L DISEASE OR CON	DITION GIV	VEN IN PART 1	a i
- 10	ON N					MEL V					159-099	
-	S	190 DATE OF OPERAT	ION	. 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FINDIN	
ناير	CERTIFICATION								YES NO K	YE	ES 🗌	NO 🗌
9	_	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART 1 OR PART 2)	
1	ICAL	(IF EITHER, NOTIFY MEDICA		ρ,		19		92			124 1	7.54
	MEDI	21d. INJURY OCCURR		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	-	AT WORK AT WOI	RK					10				
		220.1 certify that (1)		100	7 11	m 60 0	13/1-X 19 30 7		10 24 F			that (I) (we) lost
		saw the decease obove, (#twe) (d			after death.		nd that in (my) (est) apinion	n deoi	th accurred on the do	te and hou		
		226. SIGNATURE	0. 1	1111.		h	DEGREE ATTENDING		MÉDICAL STAF		22c. DATE	SIGNED
		Α.		CHC		1 8	PHYSICIAN		IRECTOR PHYSIC		0	76 17
1		228. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	1 1	MIN	27e. ADDRESS		Day D	00-		2.9
-1		4	1014	VICI	ty le 1	1111)	1991 Rock	an	- Rel 130	LL 3	-1756 Y	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	′	23d. LOCATION		COUNTY	STATE
		Burial	HAL	2-28-	79 9	arden		em.	Balto			100
	24 F	UNERAL DIRECTOR		* 4.	ADDRESS	01 -	25n. DA		C'D, BY REGISTRAR	256. REGIS	TRAR'S SIGNAT	TURE
		Why (Mi	Ller	Inc-641	5 Belain	Rd 2	1206	MAI	R 2 1979	- Ju	which have	Corrected

DHMH-16 50M 7/77 (VR A 15 (4))

Miller Ino-6415 Belair Rd. -21206

BP

etoined by the hospitol or ottending

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be natified of once

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

40100-61					
201-77-16		193		DE L	
	Y = 2/3 10		1047		154
French Serval	87		.5.6.0	10.11	(14)
cildioin selection					
		icito.	.0'0	No.	.50
ebrande	11111 1150		ince	. 20	
- אורו ב אייסטל מחפ-	no ornin it en	1900 -cc - 1	S		01
Linguis arks					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

FOR

REGISTRAR

1 - STATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	, 79-	03186
		CEASED NAME FIRST FIRST FORPRINT) FRED	M.	ROES	SVER	2a. DATE OF DEATH	2-24-	79 3 PM
	3. SE	× Female	1 RACE White	5. DATE C	(1990)	6 AGE (IN YEARS LAST BIRTH		DAYS HOURS MIN.
91	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Germany	76 CITIZEN OF WHAT COUNT	WIDOWE		9. BALTIMORE CITY OF	ECOUNTY OF DE	MY MD.
Office Office	Y	or town of DEATH	11 NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE	TREIT ADDRESS)	PULLAS UP HOW	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE) INC	KIND OF BUSINESS OR DUSTRY
35	13a S		INTY 13c. CMY OR		134 INSIDE CITY IMITS? YES NO TO	13e STREET ADDRESS 8320 Over	mont Roa	d
230	14. FA	ATHER'S NAME FIRST	Treudle		15. MOTHER'S MAIDEN NAM FIRST Minna	WIDDLE		LAST
/ medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 160 20144.	36-4843 36-18B-1	17. INFORMANT Mrs. Gertrud	ADDRE	same	
traumatic event, th		PART I. DEATH WAS CAUS	only one cause per line for (a), (b) ED BY: ATE CAUSE (a) DUE TO, OP AS A CONS (b)	le	CYA. arlenio	ciclevi	6	APPROXIMATE INTERVAL BESWEEN ONSET AND DEATH COMPANY CO
any injury, ar ather traum	CATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	DUE TO, OR AS A CONS (c) EONDITIONS CONTRIBUTING 196 CONDITION FOR WI	TO DEATH BUT	·(¬)·	INAL DISEASE OR COND	20b. IF YES, WERI	PART I(o) E FINDINGS USED CAUSES OF DEATH?
Item 18 shows	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES	но 🗆
is marked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COL	UNITY STATE
MPORTANT: If them 21 is mo		sow the deceased alive a abave, (I) (we) (did) (did n	at) view the body after death.	19, ar		medical staff directors	27 F	from the causes stated 2c. DATE/SIGNED 2. TG
MPORTA!		220 PHYSICIAN'S NAME TYPE	OR PRINTY RAT	r Bici		Coldspring L	ane	= 1'
2	23a.	burial, cremation, remova B urial	reb. 28, 1979	Oak Las	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Baltimore	COUNT	Y STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

14 FUNERAL DIRECTOR
NAME
Leonard J. Ruck Inc. Baltimore, Maryland

BY REGISTRAR 256 ANGISTRAR'S SIGNATURE

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	ablement of the					i v	
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	unen urameroni shunra						art.
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.pr	ecominial		ha ville		del.		Lation

Leongra J. Atlos Ing. seltimoro, Marguend

FOR

STATE OF MARYLAND

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical examiner must be natified of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02100

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	VO.	9-03	103
		CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(ITPE	CORPRINT)	Alice		M	Ross	smark	February	13, 19	979	9AM
	3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		Female		White		July	17, 1900 A	78	YRS		HOURS MIN.
35		Maryland	OR FOREIGN	U.S.	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY Baltimo	_		MD.
C		osedale	DEATH		HOSPITAL, NURSI HEACILITY, GIVE STREE Garvey R	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Motel Man	OF WORKING L		OF BUSINESS OR
6	Ma	al residence (IFF STATE ryland	13b COU		GIVE RESIDENCE BEFO 13c CITY OR TOV Roseda	MN .	13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS		oad	
	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	51
56		Jacob			Weber		Anne			Meye	ers
1	16a V	WAS DECEASED EN	ER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	ADD			
/		NO			220-03-	5629	Mrs.LaVerne.	McKeever	6711 0		load
2	CERTIFICATION	underlying co	immediate of the ouse lost. IGNIFICANT	DUE TO, OI	RTHRIT	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COL	20b. IF YE	VEN IN PART 110	NGS USED
9	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [{IE EITHER, NOTIEY MI 21d. INJURY OCC	CAUSE OF DE EDICAL EXAMINER URRED	P.s	m, month e m,	DAY YEAR 19	216. HOW INJURY OCCURE 216 LOCATION STREET			PART 1 OR PART 2)	STATE
	2	22a I certify that			e deseosed from	AUC 78.00	d that in (my) (our) opinion. DEGREE ATTENDING		dote and har	,	that (1) (we) lost couses stated
		22d. PHYSICIAN'S	NAME (TYPE O	OR PRINT)	may	7		DIRECTOR PHYS		1	17/9
				aglinaua	n M.D.		8552 Philde	elphia Rd E	altim	ore, Man	ryland
	23a. E	BURIAL, CREMATIC	n, removal	23b. DATE 2-15-]			EMETERY OR CREMATORY estern	23d LOCATION CITY OR TOWN Baltin	nore	COUNTY	STATE arvland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR

FOR

Leonard JRuck Inc. Baltimore, Maryland

ADDRESS

Baltimore 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

#1 8269 2/12/19 83

15M 7/76

79-03190 Amel atoms

TYPE OR PRINTS Dorothy Breckenridge Rover 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX Sept. 14, 1894 84 Female White To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia TISA WIDOWED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 6600 Krone Drive (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Woodlawn DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) T3a. STATE 13d. INSIDE CITY LIMITS? Baltimore Woodlawn Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE and Breckenridge Julia T. Sameul ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) Mr. Elmer L. Royer Sr. 213-20-5861 No 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), one ic PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION p 20b, IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 200 AUTOPSY? NOID iental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or frem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 71d. INJURY OCCURRED 8 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE orked WHILE AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL + should be deto with the State E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS William J. Bryson, M.D. 5776 Westview Mall Catonsville. Md. 21228 0 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 73r NAME OF CEMETERY OR CREMATORY (SPECIFY)

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1457

REG NO MONTH

20 DATE OF DEATH

UNIDER 24 MPS

February 8. 1979

DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County, Maryland

12h, KIND OF BUSINESS OR

Home

13e STREET ADDRESS
6600 Krone Drive

21207

Reed

Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO F

STATE

22c. DATE SIGNED

COUNTY Lorraine Park Cemetery Woodlawn Baltimore, Md.

24 FUNERAL DIRECTOR

Burial

FOR

REGISTRAR

DECEASED NAME

- STATE

MacNabb Funeral Home

2/10/79

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Catonsville, Md. 21228

DHMH - 16 60M 1/75 (VRA 15 (4))

BP

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Notice of the state of the state of the state of the state of

REGISTAR REGISTAR REG. NO.	- 1		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9	-03192
SEX				MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
As Example 2. So Date of Birth Day 1/4 (as Substitution of the Sub			OP PRINT	10. DATE KNOWN MON	11 00 11
Table Maite 8/28/1912 66 vrs.		3. SE)		5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONT	H DAY YEAR 2d HC
MARRIED Section Country Noncest Baltimore County Noncest Baltimore County Noncest Section County Noncest Noncest Section County Noncest	п			8/28/1912 66 YRS. DEAD 2	
II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Dundalk Dundalk Dundalk DISTAL RESIDENCE (# BN NURSING HOME OR CHEE RESTITUTION, OF STREET ADDRESS) OR INDUSTRY Utility USUAL RESIDENCE (# BN NURSING HOME OR CHEE RESTITUTION, ONE RESIDENCE REFORE ADMESSON) IJB. STATE Maryland Balto. Dundalk Dundalk III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (# NOT BY STREET ADDRESS) OR INDUSTRY Utility Utility Utility IJB. STREET ADDRESS OR INDUSTRY Utility IJB. STREET ADDRESS NO XI ISBN NO XI I	5	FO	REIGN COUNTRY)	MARRIED A NEVER MARRIED	
SET STATE 13b. COUNTY 13c. CIVITY				11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO	RK 1126. KIND OF BUSINES
136 CUITY OR TOWN 136 CUITY LIMITS? 139 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 130 Admiral Blvd. 21222 131 MOTHER'S NAME 132 Admiral Blvd. 21222 132 MOTHER'S NAME 136 MOTHER'S MAIDEN NAME 138 MOTHER'S MAIDEN				19 Admiral Blvd. Office Mfgr.	Utility
15. MOTHER'S MAIDEN NAME FIRST 15. MOTHER'S MAIDEN NAME		130 S	TATE 13b. COUN	ITY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	rd 21222
Sanders Frances Rogers	ł		THER'S NAME	15. MOTHER'S MAIDEN NAME	
(YES, NO. OR UNKNOWN) NO 225.10.2132 Tone A. Sanders——Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR PART 2 (a). HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) VESTING OR CONTRIBUTING OR CONTRIBUTING OR P.M. MONTH DAY YEAR P.M. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ais Mito	chell Sanders Frances	
18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause lost. (c) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING COLUMBED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OF COLUMBED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10c. AUTOPSY? YES NO 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME) 21d. INJURY OCCURRED	1	16a. V (Y	AS DECEASED EVER IN U.S. AR (IF YES, GIVE	WAR OR DATES)	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOMS 12 IF LOCATION)	I	_			
DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave rise to immediate cause (a) stating the under-lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR AM MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21e LOCATION)	ı		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D RV.	BETWEEN ONSET AND DE
Candificans, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH P.M. 19 1	I		HILL IMMEDIA	TE CAOUE (U)	o yes
Cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 - 1 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOMS 216 LOCATION)			Canditians, if any, which	DUE TO, ON NO A CONSEQUENCE OF	V
Solution State Significant conditions South But not related to the terminal disease or condition given in Part 1 (a).	ı				
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOMS 12) FLOCATION	ł			CA CONTRACTOR OF THE CONTRACTO	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1	ı	7	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1	-	ATIO	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	70 AUTOPSY?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 1	4	TIFIC			
TONORRIBUTING CAUSE OF DEATH P.M. 19 1	1				
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STA		ICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19	
		MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		COUNTY STA
				ge af the remains described abave, held an Autapsy 🔲, Inspection 📈 Inquiry 💢, and in my	apinian
			death resulted fram: Natu	ral causes	11
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion			ACTIVAL TO	LITLE (SPECIFY)	2/4/70
22a. I certify that I taak charge of the remaine described above, held on Autopsy , Inspection Inquiry , and in my opinion death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	1		SIGNATURE 1. C.		
220. I certify that I taak charge of the remained escribed above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,		and the same	EXAMINER'S NAME J. CR	SSAN O'DONOVAN ADDRESS 2112 Dundalk Ave., Bal	6. Md - 213
22a. I certify that I took charge of the remained described above, held an Autopsy , Inspection Inquiry And in my apinion death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	Ī	(5	PECIFY)	CITY OR TOWN	OUNTY STATE
220. I certify that I took charge of the remained described above, held an Autopsy , Inspection X Inquiry X, and in my apinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE T. C. ACTUAL SIGNATURE	ļ			2/7/1979 Meadowridge Mem Pk. Elkridge	Ma.
228. I certify that I took charge of the remained described above, held an Autopsy , Inspection Inquiry Ond in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner Onder Actual Signature Onder			NAME		y/hetresdy
228. I certify that I taak charge of the remaine described abave, held an Autapsy , Inspection , Inquiry X, and in my apinion death resulted fram: Natural causes X. Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE , CASSAN O DONOVAN ADDRESS 2112 DUNCAL EXAMINER SIGNED . DATE SIGNED . MA 21. 238. BURIAL CREMATION, REMOVAL 23b. DATE	1	Wa	lter brooks	Bradley Inc Dundalk Md FED 19/9	//

79-03192

r n	1.	FOR STATE		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	79-0	3193
11	1 05	REGISTRAR		MIDDLE		AST	REG. NO		- In the second
m E		CEASED NAME FIRST OR PRINT)		VIDDIE		451	29-DATE OF DEATH	MONTH DAY YE	2b. HOUR
deo deo		ANDRI				SARIEGO		A/22/7°	9 6-PM
TO E	3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	1	Male	Cauca	nen	10	05 95	.8:	3 - YRS.	
9 P P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	ГН
nerd nerd no 72 in 72		PAIN	U.S	. A.	WIDOWE		BALTIMOR	& Count	Ty ME
with with		TY OR TOWN OF DEATH	11. NAME OF			ROTHER INSTITUTION	120 USUAL OCCUPATI	ON 126. KII	IND OF BUSINESS OR
or s off	M	T. WILSON		WILSO,		MILAND	MINER	WORKING LIFE) I INDUS	3181
212 haur haur be f	USU,	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION,		BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
ND 24 h		MARYLAND	JINITI	BALTI		YES X NO	2569 MARBO	OURNE AVEN	UE. 21230
tely 2 sho	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME		
d w d		FIRST	NKNOWN	LAST		FIRST	UNKNOW	u	LAST
ORE, A		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE		The second
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ratending physician. He this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked on them 18 shows any injury, or other traumatic event, the medical Examiner Must be good and them them that the medical Examiner Must be good.		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	Unava	ilable	JAMES PANZA	ROTTO. 2569	MARBOURNE	AVENUE
ALTI he be ers.		18 CAUSE OF DEATH (Enter	anly and cause per						PPROXIMATE INTERVAL WEEN ONSET AND DEATH
fical fical populavo ent,		DADT I DEATH WAS CALL	SED BY. ATE CAUSE (0)			1 - 14 ACC	2257	BETA	WEEN ONSE! AND DEATH
rent rent rent rent rent rent rent rent		IMMEDI				THE OTHER PROPERTY.			
death death attend		776-	DUE TO, OF	R AS A CONSE		TRUCTIVE AI	PLIM DISS	enas	
e of e of moving in the contraction in the contract		Conditions, if any, which gave rise to immediate	(b)		No. of Persons	THE TANK	IEWA-1 013	No	
W. W. B		couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSE	EOUENCE OF				
201 W. PR es that the ned by the tiplease remourial, cremo		PART 2 OTHER SIGNIFICAN	(c)	DAITDIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN DA	DY 1/-
ps, quire sign hen hen ha bu	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS <u>CC</u>	DIVIKIBUTINO	TO DEATH BOT	NOT RELATED TO THE TERM	MAL DISEASE OR COM	SITION SIVEN IN FAI	KT 1101
S v reen	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
REG	문						YES NOT	IN CERTIFYING CAL	USES OF DEATH?
ITAI	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR			
PFVI		OR CONTRIBUTING CAUSE OF	EATH HOUR A.	M. MONTH	DAY YEAR				
ON OF HYSICIA ding pl is certif burial: Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	(R) P./		19	21f. LOCATION			
PH tend	NE.		(AT HOME, STR	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNT	Y STATE
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TEND ital of the		22a.1 certify that (a) (this has sow the deceased alive a		Ca		id that in (my.) (our) opinion		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m the causes stated
R ATTEN haspital RECTOR sed for upp. of H		22h/StGNATURE		after death.	14311	DEGREE			DATE SIGNED
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RAIL State		22d PHYSICIAN'S NAME (TYPE		ace	MD.	PHYSICIAN [DIRECTOR PHYSIC	IAN	2/22/47
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o HOSPI etained th TO FUNE should be with the S		CONACI	MSC	42+	EIC		SON M	HMY CHA	M
1111	23a.	BURIAL, CREMATION, REMOVA			23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		CREMATION	02-24	-79	LOUDON		BALTIMO		MARYLAND
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR		ADDRES	is .	21229	PRES'D BY PEGISTRAR	THE BARASAN	BUSINELY
(VR A 15 (4))	H	UBBARD FUNERAL	L HOME, I	NC. 4	107 WIL	KENS AVE.	3 9 191 9		

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	L	FOR - STATE		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE	7.0	001	0.1
	Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 19.	- 1131	94
		ECEASED NAME FIRST PE OR PRINT)		WIDDIE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
e e e	1		A.	S.	2717		February 11	1979	2.	40P M
A D D D D D D D D D D D D D D D D D D D	3. S	EX Mary	4 RACE	- 50	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF U	INDER I YEAR	IF UNDER 24 HRS
Lrs of tree		Female	Wh	ite	MONTH	î 188 9	91	YRS.	THS DAYS	HOURS MIN
eath Pa nerol di n 72 ha	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Treland	O CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O			MD.
by the fullified with	10	CITY OR TOWN OF DEATH Towson	(IF NOT IN SUC	HOSPITAL, NURSIN THEACULTY, GIVE STREET A BNKLIN SQL	DDRESS)	or other institution	12e. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housekeep	ON F WORKING LIFE)	12b. KIND OF EINDUSTRY	BUSINESS OR Churc
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysician and completely filled in biggers. Pages 1 and 2 shauld be fill woll. 11, the medical examiner must be not, the medical examiner must be not.	₩SI 13a	UAL RESIDENCE (IF NURSING NOME OR STATE 136 COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS? YES \$\int \text{NO} \text{\tin}\text{\ti}\\\ \text{\texi}\text{\text{\texi{\texi{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi\texi{\texi\titrichter{\texi{\texi{\texi{\texi{\texi{\texi{\tet	13e STREET ADDRESS 838 Mr. H	olly Str	reet	
E, MARYLA campletely 1 and 2 sh	14, 1	Father's Name Patrick	MC.	Dermott		15 MOTHER'S MAIDEN N. FIRST Sarah	WIDGE		Knigh	t
MORE, e execut and ca Pages 1	160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	214-44-3		17. INFORMANT Father Will	iam J. Scall	SS 7517 N Y Baltin	North Poore. M	oint Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSIC IAN: The law requires that the death certifications physicion. Wer this certificate has been signed by the attending physics the burial-transit permit. Then please remove carbon phy on the Mental Hygrene prior to burial, cremation, or remaind and Mental Hygrene prior to burial, cremation, or remainded or them 18 shows any injury, or other traumatic even	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	R AS A CONSEQUE	NCE OF	Prenous Bowel NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	1000	25 HSTO
he law on. has be t permit ene prii	TIFIC	THE DATE OF OPERATION	170. COND	HON FOR WHICH	OFERATIO	N WAS FERFORMED	YES NOT		G CAUSES O	
SION OF VITA PHYSICIAN: T ending physics this certificate e buriol-transi id Mental Hygi d or item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RRED LENTER NATURE OF INJUI	Y IN ITEM 18, PART 1	OR PART 2)	
IVISION JG PHYS offer this offer this of the burner of t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
OR ATTENDI OR ATTENDI he hospital or DIRECTOR: A cached for use Dept: of Heal		22a.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) which (did not 22b. SIGNATURE	February view the body	e deceosed fram 19	29 . o	ed that in (my) (<u>our</u>) apinian DEGREE ATTENDING	MEDICAL STAI	ate and haur an		
HOSPITA ned by FUNERA ild be de the Stot		22d. PHYSICIAN'S NAME (TYPE ON	PRINT) -/E	NZAN	1	PHYSICIAN 22e ADDRESS 9000 Fronk	□ director □ physic		01927	
BP O S S S S S S S S S S S S S S S S S S	230	BURIAL, CREMATION, REMOVAL (SPECIES)	23b. DATE Feb. 14			EMETERY OF CREMATORY Cathedral Cem.	23d LOCATION	COL	INTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24.	funeral director Truman Schwab.515	1 Balto	Natl Pike	e.Bal	250. DA	TE REC'D. BY REGISTRAR		C'S SYENATUR	

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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completely filled in by the fune of ond 2 should be filed within

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	113	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	9-03	190
		CEASED NAME	FIRST	N	AIDDLE	L	AST	2a. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	filte	OR PRINT)	Edwa:	rd	E.	Schm	idt		2	3 79	11.40 am
	3. SE	Х		4. RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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ė	7e BI	IRTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
9		ryland		U.S.A		WIDOWE	D DIVORCED		more Cou	unty	MD.
158 158		TOWSON	TH		OSPITAL, NURSIN H FACILITY, GIVE STREET A Joseph's	ADDRESS)	or other institution		CUPATION DR MOST OF WORKING Triciar	G LIFE) INDUSTRY	of BUSINESS OR cation
a ser pe	130. S Ma	AL RESIDENCE (# NURS STATE LTYLAND	135 COUN		Long G	N	13d. INSIDE CITY LIMITS?		opress Manor	Road	
mine	-	ATHER'S NAME FIRST	^	NIDDLE	_ LAST	377	15 MOTHER'S MAIDEN NA		MIDDLE	LAS	ST
250		orge	Eli	ner	Schmi		Louise			Kolî	2
dicol	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS	21092	
E /	No				213-01-	-3880	Della P.	Schmid	t Long		
f,		18. CAUSE OF DEATH	H (Enter onl	y one cause per	line for (0), (b), and	d'(c).	0	1 1			IMATE INTERVAL ONSET AND DEATH
eve		PARTI. DEATH W		E CAUSE (a)		rom	un belout	die	en	ye	aro
notic		4140		DUE TO, OF	R AS A CONSEQUE	NCE OF					
00		Conditions, if any,		(b)							
or other tro		couse (o), stotin underlying couse	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
0				((c)							
ury,	z	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE (OR CONDITION	GIVEN IN PART 1	(a)
	CERTIFICATION	19a DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FINDI	
S S	CE.	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c. HOW INJURY OCCUR				
E 7		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.		HOUR A./	M. MONTH DA M	Y YEAR	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
-0	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE
morked or	2	WHILE NOT WE AT WO	RK	(AT HOME, SIK	EET, FACTORY, OFFICE, FA	ARM, ETC.	JINE		/	COOM	JIAIL
ě.		22a.1 certify that (I)	this hospit	ol) attended thi	e deceased from	- 2	19 79	, to	7-15	. 19 /7 .	that (1) (we) last
2.1		saw the decrease above (1) (we) (c	d alive on.	view the hody	ofter death	- or	nd that in (my) jour) opinion	death occurred	op the date and	hour and from the	couses stoted
E a		226. SIGNATURE	11	/	11/	1	DEGREE	/	7 10	22t. DATE	SIGNED
<u>-</u>			Mh	un1~	11 no	the	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	21	3/76
MPORTANT: # #em		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)		100	22e. ADDRESS	111	110	7//	11/1
ğ		/VIFI	KK ?	· KA	PCAIN	MD.	16418	1/80	1/1/1/1	Mon	aton 1/4
<u> </u>	23a l	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATI	ON	COUNTY	STATE
	Bu	rial		Feb.7	179 B	lenhi	lem Cemeter	y Bal	timore	County	Md.
7		UNERAL DIRECTOR			ADDRESS				SISTRAR 256. REC	SISTRAR'S SIGNAT	
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REGISTRAR				CERTIN	ICATE OF DEATH	REG. NO	0.	0 0	190
	CEASED NAME	FIRST	Sulde C	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h. HOUR
(IIPE		ry		C.	Sch	noenhals	Februa	ry 13.	1079	6:0
3. SE:	X	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24
	Female		Whit	e	Novem	mber 4, 1901	77	YRS.	ONTHS DAYS	HOURS M
	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	Marvland		U.S.	Α.		DIXX DIVORCED	Baltimor	e Cour	nty	
10 C	ITY OR TOWN OF DEA	тн 1	1. NAME OF	HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATE		126. KIND O	F BUSINESS
	Cockeysvill	Le	_	the facility, give street and Masor		ne	Homemaker		INDUSTRY OV	n Hom
USU	AL RESIDENCE (IF NURS		THER INSTITUTION			THE RESIDENCE CONTROL OF THE PARTY OF THE PA	Lia CEDEET ADDRESS	L. LINE	77111	
	Maryland	City	Ť	Baltimo		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Belair F	Road		
	ATHER'S NAME	City		Darozine	010	15 MOTHER'S MAIDEN NA				
	Frank	L	DOFE	LAST Whi	ite	UNKNOWN	WIDDIE		K	ing
16n V	WAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	ADDRE	SS		
	YES, NO OR UNKNOWN)	(IF YES, GIVE W		216-07-3			Masonic Home	Cock	evevi i	lle. M
	NO			1		Mary Land	MASONIC HOME	, сос		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	ane cause per			1.4. +			BETWEEN	MATE INTERVAL
	PARTI. DEATH W	IMMEDIATE		ande	de	arrest			21	1011
102	4/11/4				/	- 1	1///)	-	
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	Canditions, if any,	which	((b)_4	legte	res	corofic.	Haring	estuse	1	
	gave rise to imm	nediate	(b)_4	certe		corofic	Hurins	espise	1	,
	Canditions, if any, gave rise to imm cause (a), statim underlying cause	nediate g the	(b)_4	R AS A CONSEQU		corofic.	Parl 20	essuse	1	
	gave rise to imm cause (a), stating underlying cause	nediate g the lost	(b)	R AS A CONSEQU	UENCE OF				1	ω,
Z	gave rise to imm cause (a), stating underlying cause	nediate g the lost	(b)	R AS A CONSEQU	UENCE OF	NOT RELATED TO THE TERM			N IN PART 10	,
NOIL	gave rise to imm cause (a), statin- underlying cause PART 2 OTHER SIGN	nediate g the lost	DUE TO, O	R AS A CONSEQUE	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE		
ICATION	gave rise to imm cause (a), stating underlying cause	nediate g the lost	DUE TO, O	R AS A CONSEQUE	UENCE OF			DITION GIVE	WERE FINDING CAUSES	IGS USED
TIFICATION	gave rise to imm cause (a), statin- underlying cause PART 2 OTHER SIGN	nediate g the lost	DUE TO, O	R AS A CONSEQUE	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	WERE FINDIN	IGS USED
CERTIFICATION	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	nediate g the lost NIFICANT CO	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C	R AS A CONSEQUENTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI 200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	OF DEATH?
AL CERTIFICATION	gave rise to imm cause Iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	nediate g the lost VIFICANT CC FION DERLYING CAUSE OF DEATH	DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A.	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONI 200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	OF DEATH?
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	gave rise to imm cause iol, statin underlying cause part 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETHER, NOTIFY MEDIC. 21d. INJURY OCCURR WHILE NOTIFY MEDIC. 21d. INJURY OCCURRAT WORK NOTIFY MEDIC. 22a.1 certify that (1)	DERLYING CAUSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER)	DUE TO, O CC) ONDITIONS CO 19b. COND 17b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OR TOW	206 IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES THE TOP PART 2) COUNTY	NGS USED OF DEATH? NO STATE
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	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE FITHER, NOTIFY MEDIC. 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK 22a. I certify that (1) saw the decease above, (1) (well)	DERLYING CAUSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER) CED CHOSE OF DEATH AL EXAMINER)	DUE TO, O CC) ONDITIONS CO 19b. COND 17b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURY 21f. LOCATION STREET 19 nd that in (my) (out) opinion of the performance of the	200 AUTOPSY? YES NO CITY OR TOW To MEDICAL STAR	20b. IF YES, IN CERTIFY! YES IY IN ITEM 18, PAR	WERE FIND IN ING CAUSES TO TOR PART 2) COUNTY and from the	STATE
	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETHER, NOTEY MEDIC. 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK Saw the decease above. (I) (well (a) 22b. SIGNATURE	DERLYING CAUSE OF DEATH ALEXAMINER) CHOCK CONTROL CONTROL CHOCK	DUE TO, O CC) ONDITIONS CC 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN [PHYSICIAN]	20a AUTOPSY? YES NO CITY OR TOW to 2-1/3/2 death occurred an the death	20b. IF YES, IN CERTIFY! YES IY IN ITEM 18, PAR	WERE FIND IN ING CAUSES TO TOR PART 2) COUNTY and from the	STATE
	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIOENT WAS UND OR CONTRIBUTING CITY 21b. SIGNATURE NOT WHAT WORK NOT WHAT WORK 22a. I certify that (1) saw the decase above, (1) (was to 22b. SIGNATURE) 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	ME (TYPE OR P	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STILL) Oview the body	ONTRIBUTING TO IT ION FOR WHICE OF INJURY M. MONTH [M. OF INJURY REEL, FACTORY, OFFICE eldeceased fram after death.	DEATH BUT CH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW A DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY! YES YN ITEM 18, PAR	WERE FIND IN ING CAUSES TO THE PART 2) COUNTY 9, and from the	STATE
	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETHER, NOTEY MEDIC. 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK Saw the decease above. (I) (well (a) 22b. SIGNATURE	ME (TYPE OR P	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STILL) Oview the body	ONTRIBUTING TO IT ION FOR WHICE OF INJURY M. MONTH [M. OF INJURY REEL, FACTORY, OFFICE eldeceased fram after death.	DEATH BUT CH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW To MEDICAL STAR	20b. IF YES, IN CERTIFY! YES YN ITEM 18, PAR	WERE FIND IN ING CAUSES TO THE PART 2) COUNTY 9, and from the	STATE
WEDICAL WEDICAL	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETITIES, NOTIFY MEDICA 21d. INJURY OCCURWAT WORK NOTIFY MEDICA 22a. I certify that (I) saw the decease above, (I) with (a control of the contr	DERLYING ALEXANIVER) ALEXANIVER COLOR TO THE TOP TO TH	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME, STILL) Oview the body	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW TO MEDICAL DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY! YES YN ITEM 18, PAR	WERE FIND IN ING CAUSES TO THE PART 2) COUNTY 9, and from the	STATE that (I) (we) causes state SIGNED
WEDICAL WEDICAL	gave rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIOENT WAS UND OR CONTRIBUTING CIPTURE CONTRIBUTING CONTRIBUTING CIPTURE CIPTURE CIPTURE CIPTURE CONTRIBUTING CONTRIBUTING CIPTURE	DERLYING ALEXANIVER) ALEXANIVER COLOR TO THE TOP TO TH	DUE TO, O ONDITIONS CO 19b. COND 21b. TIME C HOUR A. 21e PLACE (AT HOME, STI) oftended the	ONTRIBUTING TO IT ION FOR WHICH IF INJURY M. MONTH OF INJURY REET, FACTORY, OFFICE A Company A	D DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.) OT NAME OF C	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 od that in (my) (off opinion. DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO RED JENTER NATURE OF INJUR CITY OR TOW MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY! YES IN ITEM 18, PAR	WERE FIND IN ING CAUSES COUNTY COUNTY 22. DATE 22. CATE	STATE

DHMH - 16 50M 7/ (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	TENE REG. NO	79-037	200
50		CEASED NAME FIRST		IDDLE		AST	14. DAIL OF BLATT	MONTH DAY YEAR	2b. HOUR
	,,,,,	EVE	LYN	Α.		SCOTT	FEBRUARY	3, 1979	2:00A
	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE	
		Female	White		Febr	uary 16,1919	59	YRS	
	7a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	_	R COUNTY OF DEATH	
14		ennsylvania	U.S.A		WIDOW			BE COUNTY	MD.
50		TOWSON		OSPITAL, NURS IN HEACILITY, GIVE STREET OSEPH S		TAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	F WORKING LIFE) INDUSTI	D OF BUSINESS OR RY
3.8	13a S			GIVE RESIDENCE BEFORE 13c. CITY OR TOW		YES NO NO	13e STREET ADDRESS 508 Meado	w Road	
3/		THER'S NAME FIRST John	WIDDLE	LAST Crucker		15 MOTHER'S MAIDEN NAME FIRST Mary	WE		LAST
	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
1		No	GIVE WAR OR DATES	173-18-	6745	Mr. Robert	S. Scott. S	r. 508 Mead	low Road
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE	ENCE OF	CEREBRAL E	IEMORRHAGE		1(0)
	TION		Transcension	1011500144464	COEDATIO	NAME OF DE ORDER	20a AUTOPSY?	20b. IF YES, WERE FIN	Divide
7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAUS	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	LY IN ITEM 18, PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
		220.1 certify that (this his sow the deceased alive abave, 17 (we) (did) (4.2)	ospital) attended the	JARY 39	170	nd that in (12%) (aur) opinian	ta FEBRUA death occurred an the de	ate and haur and fram	
		22b. SIGNATURE Chery	K M	ank		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 1/ 5	3/79
		22d. PHYSICIAN'S NAME (TY				22e ADDRESS			
1		CHUNG 'K.	PARK	M.D.		7620 YORK	RD. TOWSO	N.MD. 21	204
	23a. E	BURIAL, CREMATION, REMOVE Burial	236. DATE 2-6-1	PROFESSION CO.		ens of Faith	23d. LOCATION CITY OF TOWN Baltimo:	county Mar	STATE
	24 FL	UNERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	VATURE
	The	eomard J.Ruck	Inc. 5305	Harford	Rd.Ba	lto; Md. FF	R 5 1979	firstry M	thready

DHMH - 16 50M 7/77 (VR A 15 (4))

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MEMORIE ACT				X X X X X

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02201

-	1 -	REGISTRAR				CERTIF	CATE OF DEATH		REG. N	0. 15	1-036	. 0 1
	I. DEC	CEASED NAME OR PRINT)	GRACE		LOUISE	U	SCOTT		20. DATE OF DEATH FEBRUARY	18,I	1979	7:20P _M
2		Female			ite	5. DATE O			6 AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
75	CC	RTHPLACE (STATE OUNTRY) nnsylva		76 CITIZEN OF	.A.	MARRIED WIDOWE	NEVER MARRIED		BALTIMORE CITY O			MD.
58	I	TOWSON		SÄINT	JOSEPH	HÖSI	ROTHER INSTITUTION		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretary	OF WORKING L		F BUSINESS OR
34	Ma Ma	AL RESIDENCE (IF) STATE TYland ATHER'S NAME	13b COUN		1. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dundalk	N	13d INSIDE CITY LIMIT YES NOTHER'S MAIDEN		13e. STREET ADDRESS 879 Mildi	red A	ve., 2	1222
131	L	loyd	I	MIDDLE	Rutter		Adaline		WIDDLE		Winnic	k
1		VAS DECEASED EY YES, NO OR UNKNOWN NO		MED FORCES? WAR OR DATES)	166. SOCIAL SECU		Glenn W.	S	cott, san		line	13
2	IFICATION		immediate toting the buse lost	DUE TO, O (c) CONDITIONS CO		DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CON 20a. AUTOPSY? YES NO.	20b. IF YE	IVEN IN PART 10	NGS USED
9	MEDICAL CERTI	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NO	CAUSE OF DEA	TH HOUR A.	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	2)f. HOW INJURY OC	CURRE	D (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
		22a I certify that	eosed olive on e) (did) (did	rol) ottended the Feb.	11.		d that in May) (our) opi	٧G	to Feb.	FF		SIGNED
1		22d PHYSICIAN'S ANTHOI	/	PRINT)	OWSKI M		300 E.	JOP		UITE		21204
	23a. B	Burial, CREMATIC	ON, REMOVAL	Feb. 2			emetery or cremato		23d LOCATION CITY OR TOWN	ia.P	county	state wani a
		uda-Ruc		7922 , Balt	Wises A	venue aryl	=	FE	REC'D. BY REGISTRAR	25b. REGIS	TRAP'S SIC NAT	Cracilly

DHMH - 16 50M 1/76 (VR A 15 (4))

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79-03201

DEFICIENT A. LIGHARDOMERT M.D. . 300 F. TODES DE ELECTRON

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requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion.

BP DHMH-16 50M 7/77 (VR A 15 (4))

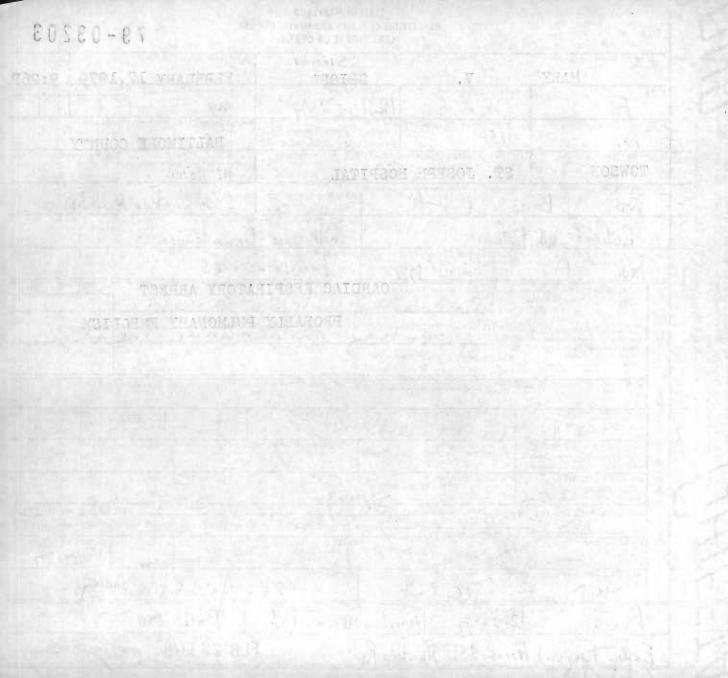
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-0321	U J	
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	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	79-03	203
		CEASED NAME FIRST	MIDDLE	U	SIEGEI	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
		MARY	у.	S	EIGET.	FEBRUARY	17,1979	9:26P
	3. SE	×	4. RACE	S. DATE C	F BIRTH OAY SGAL YEAR	6 AGE (IN YEARS LAST BIRTHOA	MONTHS DAY	
35		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	DINEVER MARRIED	TAT MESO		Y MD.
58	10 C	TOWSON	11. NAME OF HOSPITAL, NURS (JENOT IN SUCH FACILITY, GIVE STREE ST. JOSEPH	HOSPI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR Y
35	13a. S	MD 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS? YES NO 🖄	130 SPREET ADDRESS	Toro H.111	P
Somina Somina	14 FA	ROLFRT WHI	MIBOLE FURP LAST		BLANCUE	DRAN CAUER		AST
medico		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES!	CURITY NO.	17 INFORMANT	KACO KUS		
vent, the		PART I. DEATH WAS CAUSE	ily one couse per line for (o), (b), o D BY: TE CAUSE (o)	and ic CAR	DIAC RESPI	RATORY ARRE	ST BETWEE	NIMATE INTERVAL N ONSET AND DEATH
injury, ar other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c) CONDITIONS CONTRIBUTING TO	UENCE OF	PROBABLY NOT RELATED TO THE TER	novary	EMBOLISM.	1(0)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	of Care	WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSI YES	
is morked or item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2)	
rked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
em 21 s mo		sow the deceased office on	tolk ottended the deceosed from	75.00	d that in (my) opinion	n death accurred on the date		e couses stated
<u> </u>			There	-	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	NO Z	17/79
MPORTANT: If Item 21		22d. PHYSICIAN'S NAME (TYPE O	L- 700r		22e ADDRESS	1. Josef	in Hosp) -
		BURTAL, CREMATION, REMOVAL			MEMORIAL TR.	SAILD 1	XD COUNTY	STATE
7	24 F	UNERAL DIRECTOR LUNGER UNGER	HOME 8880 NAK	FORD RI	25a. DA	FEB 23 1979	B. REGISTRAR'S SIGN	ATURE Creedy



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impletely filled in by the funer and 2 shauld be filed within 7

signed by the attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

etained by the haspital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03705

	REGIS					CERTIF	ICATE OF DEATI	H	REG. N	0	0 3 2 0	
1	1. DECEASED (TYPE OR PRINT)		FIRST		MIDDLE	SI	rnick		20 DATE OF DEATH FEBRUAR	нтиом	1979	9:30 P.
	3. SEX			4. RACE		S. DATE C	DAY YE	AR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
20	7a. BIRTHPLA		OREIGN		HTE WHAT COUNTRY?	8	Y 1, 1910 XX NEVER MARRIE	D 🗆	68 BALTIMORE CITY C	PRS COUNT	Y OF DEATH	
Ched of	POLAT		ATH				DIVORCE		BALT 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND IFE) INDUSTR	OF BUSINESS OR
to pe notify		WSON PENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	MEDICAL GIVE RESIDENCE BEFORE	E ADMISSION]	ING CENTER		MERCHAN		RE.	TATI.
ine mus	MARY:	NAME	BALT	0.	BALTO.		YES NOX	X	7911 CRIS	FORD		#21208
23	J(OSEPH		AED FORCES?	SITNICK	IDITY NO	TOBY		WIDDIE	566m	EM	MER
e medica		UNKNOWN)		WAR OR DATES)	217-01-				FLORENCÉ ^{DO} S RD PLACE, A		#2	1208
vent, th	18 CAL	ISE OF DEAT RT I. DEATH W	AS CAUSED	y ane couse per DBY: E CAUSE (a)	line for (a), (b), one		he lung				8FTWEE	DXIMATE INTERVAL N ONSET AND DEATH
tows any injury, ar ather traumatic event, the medical	PART 2	OTHER SIG	ng the lost NIFICANT C	ONDITIONS CO	to arter	DEATH BUT	NOT RELATED TO THE PROPERTY OF		INAL DISEASE OR CON 1 SPASA 200 AUTOPSY? YES NO	20b. IF YE	S, WERE FIND	
is marked ar Item 18 shaws	OR CON (IF EITH) 21d. IN.	CIDENT WAS UN TRIBUTING ER, NOTIFY MEDIC TURY OCCUR	CAUSE OF DEAT	P. 21e PLACE	M. MONTH DA	19	21f. LOCATION STREET	OCCURR	CITY OR TO		PART 1 OR PART 2	STATE
IMPORTANT: If Hem 21 is marked	22a I ce say	ertify that (I)	(this hospited alive on add) (did not	of offended the 2-1 view the body, ferriff	e deceased fram_		. 19	opinian o	to 2–20 death accurred an the d DIRECTOR PHYSIC	ate and ha	. 19 79 or and from th	, that (1) (me) last
MPO	23a. BURIAL,			N. KIRK 23b. DAJE 2/22	PATRICK 199 199 199 199 199 199 199 1	NAME OF C	6 E. EMETERY OR CREMA H ISRAEL A	TORY	23d. LOCATION	ALTO. SEDAL	MD E BAL	ro. ÝMĎ
6	NAME			EVINSON N RD.,		, INC.	. 2	So. DATE	B 2 8 1979	25b. REGY	TRAR'S SIGN.	ATURE Cready

DHMH - 16 50M 1/76 (VR A 15 (4))

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(man) -)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours office with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner myst be notified of once.

1 - STATE REGIS 1 DECEASED (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-03206

	REGISTRAR			CEKITE	ICATE OF DEATH	F	REG. NO.	, 00	20	•
1,	DECEASED NAME FITTYPE OR PRINT)	RST	MIDDLE	l	AST	2a DATE OF DE		DAY YEA	AR 2b.	HOUR
ľ	Anr	nie M.	S	min	k	Feb.	12. 19	79		M
3	SEX	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS		IF UNDER 1		UNDER 24 HRS
	Female		nite	5	6 1898	80	YR	rs.		DURS MIN
120	BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEAT	Н	
3	Maryland	Ţ	ISA	WIDOWE		Balti	more Co	unty		MD
10	Catonsville	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET AS MIT NURSIN	DORESS)	DR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR House	CUPATION RMOST OF WORKIN WIFE	IG LIFE) 12b. KIN INDUS		USINESS OR
Į.	SUAL RESIDENCE (IF NURSING 30. STATE 13b Maryland	HOME OR OTHER INSTITUTION COUNTY Woodlawn	Balto. Co		13d INSIDE CITY LIMITS? YES NO	13e STREET ADD 8008 Res	RESS mington	Ave.Wo	odla	wn, Md
14	George	WIDDLE	Meyer		15 MOTHER'S MAIDEN NA.		iddre 3		LAST	
16	WAS DECEASED EVER IN ((YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b SOCIAL SECUR	ITY NO.	Mildred C. Th	nompson,1	ADDRESS 110 Ver	non Ave	. Ba	ltg.Md
	Conditions, if any, wh gove rise to immedicause (o), stating underlying cause li	$ \begin{cases} \text{nich} \\ \text{inte} \\ \text{the} \\ \text{ast.} \end{cases} $	- 0	oce of ardio	ul Ischemia					
		laucoma			NOT RELATED TO THE TERM					
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	N 196. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	YES NO	7? 20b. IF IN CE	YES, WERE FI RTIFYING CAL YES	JSES OF	USED DEATH?
	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED	AMINER) HOUR A. 21e. PLACE	M. MONTH DAY M.	19	216. HOW INJURY OCCURI 21f. LOCATION STREET		OF INJURY IN ITEM	18, PART 1 OR PAR		STATE
	22a I certify that (I) (this saw the deceased a	s haspital) attended the	e deceosed from	july	5 , 19 /3 and that in (my) (our) opinion	to Feb.	. 12,	19 79		(1) (we) lost
	abave, (I) (we) (did) 22b. SIGNATURE	did not view the body	offer death.		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		PATE SIGI	
		Rowe, M. D	•			ealth Ave		o., Md.	212	228
23	30. BURIAL, CREMATION, REM (SPECIFY) Burial				EMETERY OR CREMATORY Park Cemetery		more, M			STATE
	Truman Schwab	,3512 Frede	rick Ave. Ba	alto.	Md.21229 250 DAT	EB 161	STRAR 256. REC	SISTRAR'S SIG	NATURE	heady

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical exam

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-03207

REGISTRAR				REG. NO	5.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIOOLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	
Cath	erihe G	2	mith		2 25 1	79 930 A M
3. SEX	1 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
	C	9	11 02	76	YRS.	ATS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	Н
Gaithees bugg, Md	4.5.A	WIDOWE	. /	Bakom	ore Coun	Ly MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		D OF BUSINESS OR
Reisterstown .	Bent W		om e	Re't Cress		nt.Police
USUAL RESIDENCE (IF NURSING HOME O		CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	The state of the s	
md mont	. 71	ees bung	YES NO	504 Lall	tensmille	PR
14. FATHER'S NAME		9	15. MOTHER'S MAIDEN NA		1000111	X-C(
Frederick	H. G	mimin	Abbie	Rebecca	Hi.1.	lary
160 WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIA		17 INFORMANT		Laytensvil.	
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 578-	28-9163	Margretta Fi		hersburg,	
18 CAUSE OF DEATH (Enter of	aly one couse per line torilo	(b) and (ch)	0 10			PROXIMATE INTERVAL EEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	D BY:	rheer	Lallere		2	A BUS a
161 a C	TE CAUSE (o)	0, 000	./)	1		
Canditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	Man. 5	- allrowing		Manul.
gave rise to immediate	(b) <u>L~C</u>	waso	avece	37007	- 4	Jewist .
couse (a), stating the underlying cause last,	DUE TO, OR AS A COI	NSEQUENCE OF			U	
PART 2. OTHER SIGNIFICANT	(c)	NC TO DEATH BUT	NOT BELLIED TO THE YER	INIAL DISEASE OR CONT	DIVIOUS ON STATE OF S	- 1.
Z OTTER STOTATE CANT	CONTRIBOTIONS	NO TO DEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE OR CON	SITION GIVEN IN PAR	1 1(0)
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED
OFF					IN CERTIFYING CAU	SES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURE			NO [
00.00.00.00.00.00.00	HOUR A.M. MON				THE TO, TAIL YOU PAIL	-1
CIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION			
	(AT HOME, STREET, FACTORY,		STREET	CITY OR TOW	VN COUNTY	STATE
AT WORK		11	00 :28	1 -	15 .79	
220.1 certify that (1) (this hasp saw the deceased alive on	A A	20	d that in (my) (our) apinian	dooth occurred on the de	19 (1)	, that (I) (we) last
obove, (I) (we) (did) (did no	view the body ofter death	. 7		death accorred an the ac		
me mo	11.00.	1)	DEGREE ATTENDING .	MEDICAL STAF		ATE SIGNED
224 DHYCICIANIC NIAME	Willian	vs 8.	PHYSICIAN D			-25-19
22d. PHYSICIAN'S NAME (TYPE)	1 //		22e ADDRESS	- PAIL	1-1-	MISUR
LILEME	UILLIAMS		1/104 Kisles	low to	estestou	1421/3
230 BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	/ STATE.
Burial	3/1/79	Forest	Oak Cemetery	Gaithersb	urg Montg	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR

316 SE. Diamond Ave. Gartner-Sandison F. H. Gaithersburg, Md.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 n signed by the attending physician Then please remarks should be detached far use as the burial-transit permit. Then please remave awith the State Dept. of Health and Mental Hygiene priar to burial, cremation, TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar TO FUNERAL DIRECTOR: IMPORTANT: If Hem 21 is

EOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03708

1	REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	, 00200
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Mr C	linton T. Smith		February 11, 19	779
3. SE	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
I.	Male	White	October 31, 1888	90 YRS.	MONTHS DATS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryland	$U_{\bullet}S_{\bullet}A_{\bullet}$	WIDOWED TO DIVORCED	Baltimore County	MD
	CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING U	126. KIND OF BUSINESS OR
Ba	alto. County	9225 Old Court		Printer-B & O Ro	
USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e. STREET ADDRESS	
400	aryland Balto			9225 Old Court	Rd. 21207
	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
34	William S.	Smith.	FIRST	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT MAG	Jean W. Turner	
	7.7	one 205-05-6		urt Rd. Baltimore	. Md. 21207
		anly one couse per line for (a), (b), a		are na paremore	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUS	SED BY:	1 1		BETWEEN ONSET AND DEATH
	IMMEDIA	ATE CAUSE (a)	rect Amore		
	410-	DUE TO, OR AS A CONSEOL		M.I.	14 19 14 19
	Canditians, if any, which	((b) Dea +	Probably We) M.L.	
	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU			
		(Ic) ASCUI			
z			DEATH BUT NOT RELATED TO THE TER		
은	Left Band			cious Aueuri	9
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4 ii					ES NO
100	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
<	AT WORK NOT WHILE AT WORK				
	220.1 certify that (this hasp	pital) attended the deceased from	8-1- 1973		19 79_, that (1) (we)last
	sow the deceased alive a above. (1) (we) (did) (did n	not view the body after death.	79, and that in (my)(our) apinion	deoth accurred an the date and ho	ur and from the couses stated
	22b. SIGNATURE		DEGREE	/	22c. DATE SIGNED
	lever Val	e Covero	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2-13-79
,	22d. PHYSICIAN'S NAME (TYPE	0	22e. ADDRESS	0.0.0	0
	CESAR VA	LLE GUNELLO	53100	ld Court Ro	C.
23a.	BURIAL, CREMATION, REMOVA	L 23b DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
	(SPECIFY) Burial	0 (4) (4)		Baltimore, Ma	county STATE
	Durent	16/14/19 402	idon Park Cemetery	Dalvinore, Ma	rycuru

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

ECTOR Loring Byers Funeral Directors, p. 150 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Liberty Rd. Randallstown, Md. 21133 FFB 1 3 1070 P. 4 A. A.

The R . Berney .

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND ST.201	
HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pagined by the hospital or attending physician.	Pog
FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct build be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 22 hours the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	dire

poge 3

Should be with the S

DHMH - 16 50M 7/77 (VR A 15 (4))

the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME (TYPE OR PRINT) FEBRUARY 05/1979 HELEN SMITH M. 3. SEX 4 RACE S DATE OF BIRTH 6 AGE LINYEARS LAST BIRTHDAY IF UNDER 24 HRS libite MONTH YEAR DAYS HOURS Female 1896 82 Oct. 1. BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE COUNTY, 11 5 Maryland WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JOSEPH HOSPITAL TOWSON Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Catonsville 314 Cedar Run Place 21228 Baltimore YES [NOXX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Robinette · MIDDLE Shields Albert Grace ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-48-5214 Robert A. Clark, 600 Title Bldg, 21202 18 CAUSE OF DEATH (Enter only one couse per LSBIRATORY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PALLURE PART I. DEATH WAS CAUSED BY tong Tuckure monr Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost TO THE SHIMARDA LOUSE AS JOYAN SHIP! At News com he 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? morked ar Item 18 sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (thus heep to)) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (prince death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22a. ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE Burial 2/8/79 Loudon Park Cemetery Baltimoras Edmondson Avenus Catonsville, Md. 250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE TO 24. FUNERAL DIRECTOR 630 Witzke Funeral Home of Catonsville, P.A. 21228

79-03209				
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ANTENON BROWER THE				
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Shifting	9237	e a unitario		danaLN (
ALONALE LIGHTERS	THE CHIPTIAN			Dr.
X				and the
	en de	45 B A		
	()			
SR for Alexander	Post Camebary oville.Mc. er P.A. 21228 FF	Louden Ave., Ector Seteroville,	Minto Montena Dec Line word in	Little T and engage

DEPARTN	NENT OF H	OF MARYLA EALTH AND A ICATE OF E	MENTAL HYG	IENE	REG. NO.	79-	032	10	
WIOOFE	L	AST		20 DATE OF	DEATH M	ONTH D	AY YEAR	2b. HOUR	a
Jane	SM	1ITH				2 2	26 79	7:15	M
	5 DATE C		YEAR	6. AGE (INYE	ARS LAST BIRTHE		FUNDER 1 YEAR	IF UNDER 24	HRS MIN
nite	3	7	35	43		YRS.	ONIHS DATS	HOURS	Wild
OF WHAT COUNTRY?	8	NEVER /		9. BALTIMO	RE CITY OR	COUNTY	OF DEATH		
J.S.A.	WIDOWE		VORCED [Bal	timore	Cour	nty		MD.
OF HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a. USUAL C				OF BUSINES	SOR
nklin Squ		Hospit	tal		l Ser			Gov	t.
130. CITY OR TOWN Dundal	N	13d. INSIDE C	NO X	13e. STREET A	ADDRESS Guyw	ay			
Simps	on		S MAIDEN NA/ FIRST Ladys	ME	MIDDLE		LA	ST	
S? 166. SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRES	⁵ 200	2 Guy	way	
215-32-	3576	Alfre	ed J.	Smith			to.MD		22
perline for (a), (b), one Cardio-re	dic						BETWEEN	ONSET AND D	AL EATH
on as a conseque		etes m	ellitus	3					
, or as a conseque	NCE OF				2.4				
CONTRIBUTING TO E			TO THE TERM	INAL DISEASE	ORCOND	TION GIVE	N IN PART I	01	321

IMMEDIATE CAUSE (0 DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the **DUE TO** underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS congestive heart failure. 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

alatolas

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211. LOCATION CITY OR TOWN COUNTY

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

27267 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

NOV

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on.

NOT WHILE

FOR - STATE REGISTRAR DECEASED NAME

Female

To BIRTHPLACE STATE OF EOREIGN

Pennsylvania ID CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU

60 WAS DECEASED EVER IN U.S. ARMED FORCE

18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

Rossville

Maryland 4. FATHER'S NAME Walter

3. SEX

No

CERTIFICATION

MEDICAL

WHILE

226 SIGNATURE

the

or other

80

Item

If Item 21 is morked or

MPORTANT

Margaret

136 COUNTY Baltimor

4 RACE

76 CITIZEN

11. NAME

Frai

W.

22e. ADDRESS

DEGREE

ATTENDING

9000 Franklin Square Drive 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

22a.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

Dak Lawn Cemetery

Baltimore Baltimore MD BY GEOGRAP 350 HE SISTRAR & SIGNATURE

YES T

Meher Tabatabai, M.D.

7922 Wise Avenue, Dundalk, MD 21222

22c DATE SIGNED

2/26/79

NO I

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

1	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 19 - 11 3 7 1 1									
	DECEASED NAM (TYPE OR PRINT)	RUT	H	N.M.	N.)	Sm	TH		DATE KNOW OF ESTI- DEATH MATE	0 0 2	18 197	26. HOU 1131
3.	female	4. RACE white	5. DATE OF BIRTH	YEAR 6. A		FUNDER 1 YR.	IF UNDER		DATE DOUNCED DEAD	MONTH 2_	18 197°	9 113/
5 70 10 10 130 130	BIRTHPLACE (FOREIGN COUNTRY)	TATE OR	76. CITIZEN OF WI	S.A.		ARRIED NE	VER MARRI	IED 🔠	BALT	(moR	NTY OF DEATH	word "
1		ounty	2007 8	nglewoo	address)	OTHER INSTITU	ITION	FOR MOST	OCCUPATION OF WORKING LIFE	TYPE OF WORK	126. KIND OF OR INDU	BUSINESS STRY
	STATE Md.	13b. COUN	or other institution, Gi	13c, CITY OR	JOWN	13d. INSIDE (CITY LIMITS?	13e, STREET 2007	ADDRESS. Englei	wood Av	re. 2120	7
	FATHER'S NAM Linwood	P. Henle	MIDDLE	LAST				en name wrence	MIDDLE		whelle	
160	YES, NO, OR UNKNO	D EVER IN U.S. AR/	MED FORCES? WAR OR DATES) NONE	214-10	SECURITY NO 6-6261	Bett	_	Smith.	and the same of th	ress rglewoo	d Ave.	21207
	gave r couse (o lying ca		(b) DUE TO, OR (c) CONTRIBUTING TO GEATH	AS A CONSEG		ISEASE OR CONOITIO	N GIVEN IN PAI	RT 1 (a).				
CEPTICATION	19a. DATE O	OPERATION	19b. CONDI	TION FOR WHI	CH OPERATIC	N WAS PERFOR	MED?				20. AUTOPS	
		AL CAUSE WAS OR NG CAUSE OF I	DEATH P.M	. MONTH DA	Y YEAR	c. HOW INJURY	OCCURRE	D (ENTER NATU	re of injury in iti	EM 18 PART 1 OR P	PART 2)	
1	21d. INJURY	OCCURRED NOT WHILE AT WORK	STREET FACT	OF INJURY (A' TORY, FARM, ETC.)	THOME, 21	LOCATION STREET		СП	Y OR TOWN	CC	OUNTY	STATE
		fy that I taok charge economic Notur	e of the remains des	Accident [Suicide		Inspection cide , specific , spec	Undetermi MEDICAI	ned monner (and in my o	2-20	7.79 11228
	(SPECIFY) B		36. DATE 2-22-79	Loud	1 0		eru	23d. LOCA CITY OR TO BCL	ltimore	At	land	STATE
24	tansbur		Home 641	1 Winds	or Mil	L Rd.	25a. De 1	B 2 6		REGISTRAR'S		4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY	GIENE REG.	79.	-03	213	
		CEASED NAME	FIRST	,	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	a
	lline		rgaret	t E		SN	YDER	10 - 11 - 12	2 28	79	6:25	M
	3. SEX	x	4	RACE		5 DATE O		6 AGE (IN YEARS LAST B	RTHOAY) IF L	JNOER I YEAR	IF UNDER 24 HOURS A	HRS MIN.
		Female		White		Apri		85	YRS.	THIS CATS	,,	
-	7a. BII	RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH		
2	_	d		USA		WIDOWE			ore Cour			MD.
7	E	SSEX		Frank	lin Sq	uare Hos	ROTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS	5 OR
5	USU A 130 S	AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR O 136 COUNT Bal	Υ	13c CITY OR		130. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6606 Rav		Rd.		
7	14. FA	THER'S NAME FIRST	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAS	1	
8		Charles			Poland	PER LA	Ida		Simm			
		VAS DECEASED EVER I	N U.S. ARM			SECURITY NO.	17. INFORMANT	ADD	RESS			
		no			213-7	4-2664	mr. Albert	J. Snyder	same		MATE INTERVA	
7	CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	ediate the lost IFICANT CO	ONDITIONS <u>Co</u>	ONTRIBUTING		NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, W	VERE FINDING CAUSES	NGS USED OF DEATH	
E.	RT	21g. ACCIDENT WAS UND	EDIVING C	21b. TIME O	E INTUIDY		21c. HOW INJURY OCCU	YES NO			ио 🗌	
1	MEDICAL CE	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	м. моnth м.	DAY YEAR		RRED (ENTER NATURE OF IN	JURY IN HEM 18, PARI	OKPARI 2		
	MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE []	21e PLACE (AT HOME, STE		FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STAT	
		22a.1 certify that (1) (this hospital) attended the deceased from 2/5/, 19 / 19, to 2/28/, 19 / 79, that (1) (we) lost sow the deceased alive an 2/28/, 19 / 79, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did)										
							ATTENDING					
-		22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)			PHYSICIAN 22e. ADDRESS	DIRECTOR PHYS	IICIMIN M	4/4	.0/19	
		Gaspar			l.D.			lin Square	Drive			
	23a. B	BURIAL, CREMATION, I	REMOVAL	23b. DATE	4000		EMETERY OR CREMATORY	CITY OR TOWN		YTHU	STATE	E
	24 5	Burial		Mar.3,	1979	Most Ho	ly Redeemer	Baltimor			TIDE	
	24. FU	UNERAL DIRECTOR			ADDRE	SS	125 DA	TE REC'D. BY REGISTRA	R. 230. REGISTRA	ASIGNAT	UKE	

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

SERVICE A SERVICE ASSESSMENT . AN III heval post x credition . oflet erena nebyra . L fromila . Tra - 4005-47-618

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interior and the son to the son the so

Balto.Md.21213

Home.Inc.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Florence B. SPERRY 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS . SEX 4. RACE DATE OF BIRTH DATE PRONOUNCE 88 F W 90 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH JO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland Baltimore County USA WIDOWED X DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Lutherville Stella Maris Hospice Homemaker Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS 406 E. Belvedere Avenue 136 COUNTY Baltimore YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE John Barbara Clark Biesecker 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION 218-01-7764 Mr. Willson Sperry Balto., Md. 18 CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190. DATE OF OPERATION 20. AUTOPSY? BURIAL, YES 🗌 DEPARTMENT 216. TIME OF INJURY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE 22a. I certify that I took charge of the remains described above, held or death resulted from Notural couses EXAMINER'S NAME Charles F. O'Donnelly M. D. ESS York Road Balto., Md. 231. NAME OF CEMETERY OR CREMATORY STATE Burial New Cathedral Baltimore Henry W. Jenkins & Sons Co. Road Balto., Md. 21212 FFB 22 1979 DHMH - 17 Balto., Md. (VR A15 ME (5)) 1905 York Road 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) E. Atherine DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. WIDOWED DIVORCED CITY OR TOWN OF DEATH . NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. HIND OF BUSINE TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Telephone Hostess SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY Balto. 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore FAIRMOUNT AVENUE 21201 4. FATHER S NAME IS MOTHER'S MAIDEN NAME 7 e MIDDLE LAST FIRST pup Edward Skinner Murray Sarah Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT same (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-22-465 Andrew White (dghtr Mrs. no address CAUSE OF DEATH Enter only ane cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY ph PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED D IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Ö (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 3 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased plive on and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT 77e ADDRESS the S William L. Fearing Belair Rd. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Balto. Cedar Hill Md. Burial BP 24 FUNERAL DIRECTOR Funeral REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRES 331 Brehms DHMH - 16 60M 1/75

21218FF

Balto. Md.

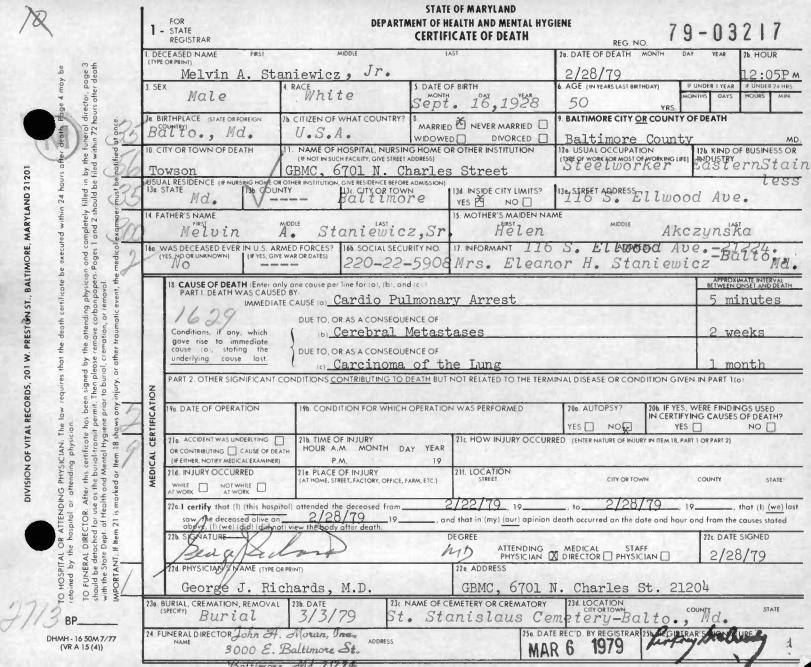
FOR

(VR A 15 (4))

Home, Inc.

STATE OF MARYLAND

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12					STATE	OF MARYLAND				
Ta	1	FOR		DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE	7	0 02	218
	1.	- STATE REGISTRAR			CERTIF	CATE OF DEATH	DC.	G. NO.	9 - 03	210
	1 DE	CEASED NAME FIRST		MIDDLE	L/	AST	2a. DATE OF DEA		DAY YEAR	26 HOUR 3
la los		OR PRINT)					10.01.112.01.001.			a
oge deot		Sara		Ann		ERLING		2	23 79	
fler p	3. SE	X	4 RACE		S. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
rs of rs			N		11	/27/13	65	YRS		Mary Mary
Po dir	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
he funeral twithin 72 h		PENNA.	U.	57	WIDOWE			imore (County	MD.
er d	10 C	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	120. USUAL OCCL	JPATION	12b. KIND	OF BUSINESS OR
E = 0 = 6.77	1	PESSVILLE	FR.	ANKLIN	-	R. HOSP	(TYPE OF WORK FOR M		LIFE) INDUSTR'	
21201 haurs of haurs of in by it be file	USU 13a	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	136. CITY OR TOW		13d. INSIDE CITY LIMITS				
NND 24 h	130.	m D	BALTO	MIDOLE	-	YES NO LA	3.537		3 LN	
4	14. F/	ATHER'S NAME	21751	17.7004	11/02.6	15. MOTHER'S MAIDEN		17/1/-1	1 -10	
ARYL I withing pletely and 2 sl		FIRST	MIDDLE	DA CETA	. = 1	FIRST	MIDI	DLE	L	AST
		DECE . CED EVED DALLE		MEEKIN 166 SOCIAL SECL		17 10 15 00 11 11 17	UNK	DDBECC		
MORE,		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			17. INFORMANT	^	DUKESS	411	
		NO		UNI	(GERALD	STERLIN	3	AB	
ST., BALT ritficate by physicia ampapers emaval.		18 CAUSE OF DEATH Ente	anly ane cause per	r line far (a), (b), an	d (c)			The second	APPRO BETWEEN	NONSET AND DEATH
4 ST., BAL certificate ng physici ban paper rremaval.		PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	Cardio-re	spira	tory arrest				
		51.90			TAICE OF					
on W. PRESTON: that the death ce d by the attending lease remove carb ial, cremation, or r		Canditians, if any, which	DUE TO, O	R AS A CONSEQUI Hepatoren	al fa	ilure			34 22	
the dept the atter remove c emotion, er traum		gave rise to immediate	10/-				enteroer	taract	omy	
W. I hot th by th ssere crer		cause (a), stating the underlying cause last.	1000,0	R AS A CONSEQUE		owol nowfor			0	
201 W red by please priol, cr or oth						owel perfor				
	2	PART 2. OTHER SIGNIFICAN	_							
ORDS	2	A.S.C.V.D.,	Congestiv	e heart f	failur	e, status p	ost mitral	valve :	replace	ment.
0 3 9 5 6	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED ES OF DEATH?
	E	2/21/79	Perit	onitis. b	owel	perforation	YES NO		YES X	NO 🗌
PF VIT. JAN: 1 physic rificote l-trons ol Hyg n 18 sh	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME C		AN VEAD	21c. HOW INJURY OCC	CURRED (ENTER NATURE O	FINJURY IN ITEM 15	8, PART 1 OR PART 2)	
ON OF HYSICIA ding ph is certifi burial-th Mental	A	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEMINI	.M. MONTH D.	19	THE PARTY				
SION PHYSI ending this ce buring A Aer	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
DIV TTENDING pital ar at TOR. After for use as t of Health a		220.1 certify that (I) (this ha	spital) attended th	ne desensed-from -		2/2/ 10 7	9 10 2/23	1/	19 79	, that (I) (we) lost
Z = Z = Z					9	d that in (my) (aur) apin	ian death accurred on	the date and h		
RECTO		abave, (1) (we) (did) (did	nat) view the bady	after death.		DEGREE			22c DAT	TESIGNED
0 = 0 0 0		A	A 1/ 10				G MEDICAL _	STAFF/	7	1 0 5 170
SPITAL d by th NERAL be deto e State		Typona	2 N-11-11	arpun		PHYSICIAI	DIRECTOR P	HYSICIAN 🗹		123/19.
HOSPITAL ined by it FUNERAL vid be det inthe Store ORTANT:		22d. PHYSICIAN'S NAME (TY		,		22e ADDRESS				
TO HOSPITAL refained by 1 TO FUNERAL should be deter with the State With The State		APPARAO	N-11. VI	ANGURI		9000 Fran	klin Square	Drive		
7 5 7 4 3 ₹	23a.	BURIAL, CREMATION, REMOV	- /			EMETERY OR CREMATO	RY 23d LOCATION	- 2	COUNTY	STATE
BP	1	SPECIFY) BURIA	2/2	6/29 61	PROEK	S OF S-AC	TH BAL	170.	MD	SINIE
DHMH - 16 50M 7/77	24 F	UNERAL DIRECTOR					DATE REC'D. BY REGIST		-	ATURE
(VR A 15 (4))	T	5. CONNE	LLL	ADDRESS 300	MA	CE AVENI	AK U 1 1979	Ting	try secl	ready
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	_	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	. 79	-03	219
	DEC	EASED NAME FIRST		WIOOFE	L/	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
3		Iris	G.		Stewa	art	2/5/79			9:10A
	. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 I
		Female	Whit	е	Oct	2,1942	36	YRS.	DNIHS DATS	HOURS
75	o. BIR	THPLACE (STATE OR FOREIGN UNTRY Penna.	76 CITIZEN OF	• A •	MARRIED WIDOWEI	DI DIVORCED	Baltimore City o	_		
56		XOR TOWN OF DEATH	GBMC,	HOSPITAL, NURSING CH FACILITY, GIVE STREET A 0701 N. C	GHOMEO ADDRESSI Larles	s St. 21204	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Postal Su	ION OF WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINES
34	3a S	100.000	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN White Ha	4	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1103 Wei	sburg	Rd	
77/	4 FAT	HER'S NAME FIRST	MIDDLE H	LAST Hecker		15. MOTHER'S MAIDEN NAME FIRST Frances	WE		Harm	
3 10	óe ₩	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	ESS		
	(YE	S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	206-32-	2399	Mr John M	Stewart		Same	
month of contract		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)	Brain Sterns as a conseque Ruptured ONTRIBUTING TO D	NCE OF Aneur	usm	INAL DISEASE OR CON	DITION GIVE	N IN PART 16	31
2	CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY: YES	WERE FINDING CAUSES	IGS USED OF DEATH
Č -		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
	0		21e PLACE	O.S. () 141 ID14						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STAT
		WHILE AT WORK AT WORK 220.1 certify that (1) (this haspi	(AT HOME, STI	e deceased from	2/1	STREET		791	9	that (I) <u>(we</u>
If Item 21 is marked or Item 1		WHILE NOT WHILE 220. I certify that (I) (this haspi	(AT HOME, STI	e deceased from	2/1	STREET		79 10 tote and hour	9	that (I) (we causes state
If frem 2 is marked or frem		WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	(AT HOME, STI	e deceased from	2/1	other in (my) (our) opinion of the company of the c	to 2/5/	1910 ote and hour of	9	that (I) (we causes state
WPORTANT: If Item 21 is marked or Item	23o. B	WHILE ATWORK 270. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 272b. SIGNATURE	(AT HOME, STI	e deceosed from	2/1 	othor in (my) (our) opinion of the company of the c	to 2/5/ death accurred on the di MEDICAL STAI DIRECTOR [] PHYSIC	1910 to ond hour of the same of the s	9	SIGNED

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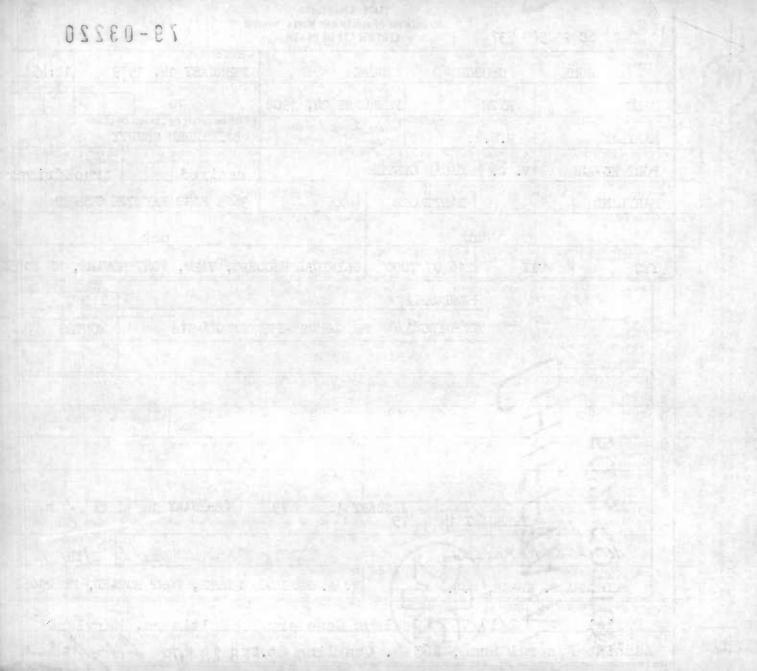
MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol examiner

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR XC 2	23 96	59 737		CERTIF	ICATE OF DEATH	REG. N	69-	0377	. 0
	ECEASED NAME	FIRST	٨	MIDDLE	· L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	JOHN	7	GEOR	CE	ST	EZ	FEBRUARY	14, 1	979	12:45Am
3 SE			4. RACE	5 2 3	5. DATE C		6. AGE (IN YEARS LAST BI		MONTHS DAYS	
	MALE		WHITE		FEDR	UARI 24, 1900	,	O YRS	V OF DEATH	
	BIRTHPLACE (STATE OR FORE COUNTRY) MARYLAND	EIGN	U.S.A	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY BALTIMOR			MD.
I	FORT HOWARD	1	V. A. N.	EDICAL CI	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST retired		(FE) INDUSTRY	of Business or ckdriver
130	JAL RESIDENCE (15 NURSING STATE MARYLAND	GHOME OR 3b COUN		13c. CITY OR TOWN BALTIMO		13d INSIDE CITY LIMITS?	3625 EAST	FAYE	TTE STE	REET
14 F	ATHER'S NAME FIRST		MIDDLE U	nk LAST		IS MOTHER'S MAIDEN NAM	WIDDLE	unk	U	AST
1	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) YES		WAR OR DATES)	216 07 78	800	CLINICAL RECO	ORDS, VAMC,			
	18 CAUSE OF DEATH PART I. DEATH WAS	SCAUSE	D DV	Ine for (o), (b), and PNEUMONTA						XIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, or gave rise to imme cause (a), stating underlying cause	diote	(p)	CARCINOMA R AS A CONSEQUE		THE LUNGS WITH	METASTASI	S	MON	THS
NO	PART 2. OTHER SIGNIF	FICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GI	VEN IN PART 1	(0)
CERTIFICATION	190 DATE OF OPERATION	NC	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES []	
CAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL	USE OF DEA	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	E 🗆	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a I certify that A (t saw the deceased above, M (we) (did	his hospi alive on (di) (di)	FEBRUAF	e deceosed from	70	$\frac{RY}{16}$, 19. $\frac{79}{19}$ and that in $(\frac{3}{6})$ (our) opinion of	to FIBRUAL death occurred on the	-	, 19 <u>79</u> our and from the	, that (K(we) lost e couses stated
	1276. SIGNATURE Krisku		P. Kum			DEGREE ATTENDING PHYSICIAN		AFF ICIAN EX	27c. DAT	14/79
	226. PHYSICIAN'S NAM		KUMAR,	M.D.		V. A. MEDICAL	L CENTER, 1	FORT B	IOWARD,	MD 21052
	BURIAL, CREMATION, RE	EMOVAL	236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Time	COUNTY	STATE
	Burial		12/17	/79 08	klav		Balti		Mary	
24. F	Zannino F	lino	mal Ucr	ADDRESS 7	c c	Conkling St.	E REC'D. BY REGISTRA	RIZSE. REGIS		A Credy
	Ballillio I	ulle.	ial noi	110, 20)	0.	OHKITHE Dr.	FFB 26 19	14	The state of	- Creaty



mpletely filled in by the funeral di and 2 should be filed within 72 ha

ottending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or attending physician MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical cominer must be fatilised it once

STATE OF MARYLAND

DED ADTMENT OF UCALTU AND MENTAL HYCIENE

	1-	STATE REGISTRAR			DEPARIM		ICATE OF DEA	ATH		7 S. NO. 7	9-03	221
ũ		CEASED NAME	FIRST		MIDDLE	ı	AST	CFUTE!	20. DATE OF DEAT	н момтн	DAY YEAR	26 HOUR
	Tites	OKPKINI	MARY		Anita	STI	FFLER		FEBRUA	RY 20,	1979	9:48 a _m
	3. SE)	(4. RACE		S. DATE C		VEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
		Female	е	White		M8NTH	1 9 1	906	72	YRS		HOOKS MIN
1		RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MAR	RRIED 🗆	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
5		laryland		USA		WIDOWE	37		BALTIM	ORE CO	UNTY	MD.
1	10 CI	TY OR TOWN OF E	DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	JTION	12a USUAL OCCUP			OF BUSINESS OR
0		TOWSON	1		JOSEPH HO		L		Homen	_	-	-
	USUA 13a. S		IURSING HOME OF		GIVE RESIDENCE BEFORE		134 INSIDE CITY	LIMITS?	13e STREET ADDRE	SS		
1		Md.	Bal		Cockey			o 🔀	10308 N	Malcol	lm Circ	le
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M		ME MIDD	ı.		NST .
30	(Conrad		A.	Bur	k	Mary		E.		Bu	
1		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT			DRESS		
/		no		t wan on Dailey	220-12-9	9917	Mrs. E	Barba	ra S. Rei	ier, l	4 Hardi	ng St.
		PART I. DEATH	MAS CAUSE MMEDIA Iny, which immediate	TE CAUSE (o)	R AS A CONSEQUE	M	al (CDr.	091	100,	A CALL	XMATE INTERVAL LONSET AND DEATH
4	CERTIFICATION		use lost.	(c)CONDITIONS <u>C</u>	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH	DEATH BUT		E 2011	INAL DISEASE OR C	20b. IF	GIVEN IN PART 1 YES, WERE FIND	INGS USED
32	TE	ATTACK TO							YES NO		YES	NO [
9	MEDICAL CER	21a ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DE	P.	M. MONTH DA M.	Y YEAR	100	RY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)	
	MED	21d. INJURY OCC WHILE AT WORK AT	T WHILE WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY O	RTOWN	COUNTY	STATE
		22a. I certify that sow the dece obove (N) Two		ottendedith		13.6	nd that in (1974) 100	19 pinion	death occurred on the	ne date and l	hour and from the	, that De (we) best e couses stated
		22b. SIGNATURE	/	HH	his)/	PHY	ENDING ISICIAN [STAFF YSICIAN	22c. DAT	E SIGNED
1	V.	22d. PHYSICIAN'S	NAME (TYPE O	OR PRINTY	POOR	MO	22e ADDRESS	Jes	Sofoli	Stor	b. E	olla
	15	URIAL, CREMATIC	ON, REMOVAL	23b. DATE	1		emetery or cre n's Luth		Cem P	hoeni	x, Mary	land
	24. FL	JUNE LORECTOR	and .	emmo	n, 10 W.	Pado	nia Rd.	FE PE	E REC'D. BY REGIST	RAR 25b. REG	STRAR'S SIGNA	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7: 30AM IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOUR5 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 327 St. George's Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (aur) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED Feb. 16,1979 PHYSICIAN DIRECTOR PHYSICIAN 7620 York Road, Towson, MD 21204 STATE COUNTY

DHMH - 16 50M 7/77

250, DATE REC'D. BY REGISTRAR 256, REDISTRAR'S SIGNATURE linkory Macresda 7620 York Rd. Towson, MD

MD

Balto.

(VR A 15 (4))

24. FUNERAL DIRECTOR

79-03222 the de la secretaria Treesand of the State of the Market

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-03223 CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME A/K/M Antonio Carlo Strappfili 20 DATE OF DEATH MONTH poge 3 STRAPPELLI Charles A. February 2, 1979 4 RACE 3 SEX & AGE (IN YEARS LAST BIRTHOAY) 5 DATE OF BIRTH IF UNDER I YEAR HOURS Oct 18. 1912 White Male To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Washington D.C WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) by th Franklin Square Hospital Clerical Baltimore Rossville W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS pine 4512 Forest View Avenue Belmar Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 Calaldo puo Simplicio Strappilli Francesca ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Linda F. Woods 4512 Forest View Avenue 216-10-2776 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART ! DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a AS A CONSEQUENCE OF COronary Artery Disease Conditions, if ony, which gove rise to immediate couse (a), stating the Anterior Myocardial Infarction underlying couse last DIVISION OF VITAL RECORDS, 201 ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prior 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [urial-transit Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE February February 220. I certify that (X(this hospital) attended the deceased from _ saw the deceased glive a Pebruary 2 DIRECTOR: sow the deceased alive of COTUATY 2 above (1) (we) (did) XWAND view the body ofter death and that in (Ay) (our) opinion death occurred on the date and have and from the causes stated should be detoched with the Stote Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PI 22e. ADDRESS 9000 Franklin Square Drive 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial St. Stanislaus Cem. Baltimore. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Dippel Brothers, Inc. 7110 Belair Rd. 21206 (VR A 15 (4))

STATE OF MARYLAND

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OR ATTENDING PHYSICIAN: The affending

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	- ST	ATE GISTRAR			CERTIF	ICATE OF DEATH	REG NO	79	-032	225
	I. DECEA	SED NAME FIRST	A	WIDDLE	į.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GLADY	S	E.		SUMPTER		02 2	6 79	12 A.M
- 170	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	IF UNDER 24 HRS HOURS MIN		
	F	EMALE	WHIT	E	04		7	2 YR5	DAYS DAYS	HOOKS MIN
16	70 BIRTH	PLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
47		EORGIA	U,S	.A.	WIDOWE		BALTIMOR	E COUN	TY	MD.
90		ATONSVILLE	LIE NOT IN SUC	HEACHITY CIVE STREET	ADDRESSI	-Catonsville	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER	F WORKING LIFE		OF BUSINESS OR
2		ESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	The same		
50		YLAND		BALTIMOR	RE	YES 📉 NO 🗌	771 S. WC	ODING	ON ROA	AD, 21229
2	14 FATHE	R'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	MIDDLE		1 AS	ST
500	1.3	UNKNOWN		SMI	TH	UNKNOWN			W	OLFF
2		DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
	4	NO		217-16-3	3198	ROBERT L. SU	MPTER, 771	S. WOO	DINGTO	ON ROAD
ŭ,	18	CAUSE OF DEATH (Enter of		lye or (0), (b), one	dyc		010-	,	BETWEEN	ONSET AND DEATH
even		PART I. DEATH WAS CAUS	TE CAUSE (0)	Tympe	ivery	tre lymp	shoblosle			
atic		2001	DUE TO. O	R A A CONSEQUE	NCE ON		1	~ 1	3	
E O O		onditions, if ony, which	(b)_	Lyn	rple	coma, g	eneralin	rd	1	yes.
-		ove rise to immediate ouse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF		0			
or or	U	nderlying couse lost	(c)	71571607152402						Office of
,		RT 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.
1	CATION 190	\mathcal{U}	rinary	Track	Tu	fletion				
2	IFICAT	DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
a	ST S	ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				
7	OP	CONTRIBUTING CAUSE OF DE	AIII	M. MONTH DA						
	~	. INJURY OCCURRED	21e. PLACE	OF INJURY	19	211. LOCATION				
37		HILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
		l certify that (I) (this has	oital) attended th	e deceased from	2	-/12 10 79	10 2/	2.5	. 79	that (f) (we) last
	220	sow the deceased alive a	n 2/	25 19	79 , on	d hot in (my) (our) opinion o	death accurred on the de	ate and hour		
	771	objeve, (M) (we) (did) (did n	ot) view the body	oftes death.		EGREE			22c DATE	
		Therbat	A Ze	gralle	0	ATTENDING PHYSICIAN	MEDICAL STAF		2/-	27/79
1	220	PHYSICIAN'S NAME (TYP	OR RINT)			22e. ADDRESS			-	7
	1	HERBERT J. LE	VICKAS.	M.D.		5404 EAST I	DRIVE, BALT	IMORE.	MD. 2	1227
	23a. BURI	AL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	(SPEC	JRIAL	03-01	-79 C1	REST 1	LAWN .	MARRIOTTS			
	24 FUNE	RAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR		AR'S SIC NAT	
0.70		BARD FUNERAL	HOME, IN		VILKEN	1	B 2 7 1979	prop	7	7

DHMH - 16 60M 1/75 (VR A 15 (4))

1888 1879 Ropey July 18838

	noy be	page 3	
ND 21201	e executed within 24 hours ofter death. Page 4 may be	n and completely filled in by the funeral director, page 3 Pages I and 2 should be filed within 72 hours after death	medical examiner must be notified at once.
IMORE, MARYLAND 21201	e executed within	n and campletely '	medical examine

STATE OF MARYLAND

	1 - STATE REGISTRAR			DEI		EALTH AND MENTAL HYG	REG. NO.	03226
	I. DECEASED NAME			MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		EDITH	W			JYDAM	FE BRUARY	M
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE		WHITI	-		CH 16,1886	93 YRS	
1	70. BIRTHPLACE (ST COUNTRY) MISSOUR		76 CITIZEN OF		MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
y.C.	ID. CITY OR TOWN	The state of the s			WIDOWE	DR OTHER INSTITUTION	BALTIMORE COUN	
1	TOWSON	1	ARMACO	ST NUE	RSING HOM		(TYPE OF WORK FOR MOST OF WORKING RECEPTIONIS	
F	USUAL RESIDENCE 130 STATE MD.	BAL T	OTHER INSTITUTION	113/ CITY OF		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS DR	•
2	14. FATHER'S NAME FIRST		WIDDLE	SAULS	SBURY	15. MOTHER'S MAIDEN NA	WE	? LAST
	I da WAS DECEASEL		MED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	
	NO	(4 720, 41		213-0	03-2861/A	CHARLES H. S	SUYDAM 325 REGES	TER AVE. 21212
	Conditions, gove rise cause (o), underlying	if ony, which to immediate stating the couse lost.	D BY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	CICUT.	E RODENCE OF	ectors to	Jedión	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
							MINAL DISEASE OR CONDITION G	
2	THE TOTAL OF A STATE O	OPERATION	19b. COND	ITION FOR V	WHICH OPERATION	N WAS PERFORMED	INCER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
1	OR CONTRIBUTION	WAS UNDERLYING CHOSE OF DE-	P.	M. MONT	H DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	i, PART I OR PART 2)
	WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	REET, FACTORY, (OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	saw the	that (I) (this hosp deceased alive an) (we) (did) (did no	hope	1	-11	nd that in (my) (aur) apinion	death accurred an the date and h	, 19 that (I) (ne) tast aur and fram the causes stated
	22b. SIGNATI	ruce (0. 7001	4	M.4.		MEDICAL STAFF DIRECTOR PHYSICIAN	2/6/79
	20 at 1 at	N'S NAME (TYPE O		A Comment	EL MARIE	22e. ADDRESS	77	
		URENCE C			Tea strong or	6805 YORK		
	230 BURIAL, CREMA ISPECIFY) BURIAI		FEB.8	.1979		PARK CEM.	BALTIMORE	COUNTY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

24 FUNERAL DIRECTOR
NAME
MITCHELL WIEDEFELD HOME 6500 YORK RD.

RATITMOKE 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0 19-	032	. 21
		CEASED NAME FIRST	MIC	DDLE	LA	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(1114	John	Chr	istoph	er	Suec	2	10	79	6AM
9	3. SE.	X	4. RACE	1011	5. DATE O		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
		Male		hite	MONTH	18 1848	81	YRS.	-	HOURS MIN.
C		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	COUNTY OF	DEATH	
300	10.00	1116(USA	7	WIDOWE	- (3)	Balto	2. Co.	,	MD.
90	1	TOWSON	(IF NOT IN SUCH I	FACILITY, GIVE STREET	Ma	ROTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST C		INDUSTRY	road
et st pe	ÚSU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY	3' CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
£35			alto.	Baltim	ore_	YES NO P	6629 Col	linsdal	e Rd.	
2	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	۸.	9 LAS	τ ,
V.Y	W	enceslaus	J	Sue(40	Mary		Ni	mic	K
odico	16a V		IVE WAR OR DATES)	66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	0	- 10-	10
e me		res	WII	105-05-	8482	770	SPICE	KEC	OKC	3 -
of, #		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		ne for (o), (b), one	d (c).)	2			BETWEEN	MATE INTERVAL DISET AND DEATH
9		IMMED	ATE CAUSE (0)	teci C.	VIT					
E O		736	DUE TO, OR	AS A CONSEQUE	NCE OF					
100		Conditions, if ony, which gove rise to immediate	(b)							
ıner		couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF			100		
, o	14	PART 2. OTHER SIGNIFICAN	(c)	UTDIBLITING TO F	SEATH BUT	NOT BELATED TO THE TERA	AINIAI DISEASE OR CON	DITION CIVEN	IN) DADT 1/-	
ulan	Z	TART 2. OTHER SIGNIFICAN	r condinors <u>cor</u>	VIKIBOTINO TO L	JEAIN DOT	NOT RECATED TO THE TERM	WIINAL DISEASE OR COIN	DITION GIVEN	II ANT TO	
ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITI	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W		
iol.	RTIFI						YES NO	YES [)	NO 🗌
8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF HOUR A.M		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2]	
ltem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M		19					
o p	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
is morked		AT WORK AT WORK		<u> </u>	-7	170	2	10	40	>
S S		220.1 certify that (I) (this has sow the deceased alive		deceosed from_	72	d that in (my) (our) opinion	dooth occurred on the	19.		that (I). (we) last
Z .		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the body o	fter death.	,	DEGREE	deoni occorred on the d	ote ona nour or	22c. DATE	
#	W	22. SIGNATURE		7		ATTENDING	MEDICAL STA		121. DATE	SIGINED
<u> </u>	_	22d. PHYSICIAN'S NAME (TYP	FOR PRINT)			PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	CIAN		
MPORTANI: # Hem 2		EddiE	NAKH	Ud.A	MD	1405 Y	011	Ad.	210	204
-	23a. 8	BURIAL, CREMATION, REMOV				METERY OR CREMATORY	23d. LOCATION	cor	INTY	STATE
- 17	VI	Burial //	2/13/	79 N	ew Ca	athedral Cer	n Baltım	ore, M	a.	A .
7	24	CERACE JESTON JOHN		ADDRESS			4 4 4070	25b. RECUSTRO	3319740	Bready
	1.	J. E. Lowell	Lemmon	, 10 W.	Pad	onia Rd. F	FR TA 1212			. /

DHMH - 16 50M 7/7 (VR A 15 (4))

BP.

6010 REJSTERSTOWN RD

EVINSON + BROS BALTO., MD

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND 79-03228 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

YEAR

DAYS

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BALTIMINE,

Md

DELALLAND

APPROXIMATE INTERVAL

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

IF UNDER 1 YEAR

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2b. HOUR

IF UNDER 24 HRS

19-03228 Will darwey and 24-14 Continue of the Continue of the continue of

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) MERTICE TAYLOR Y. 4 RACE F UNDER 1 YEAR I UNDER 24 HRS 5 DATE OF SIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY YEAR DAYS Fenale 93 White 5/15/1885 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. VIRGINIA WIDOWEDIX DIVORCED [] Baltimore Co 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH "11721 Hamilton Place (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY White Marsh Housewife JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13e. STREET ADDRESS 113c CITY OR TOWN 13d INSIDE CITY LIMITS? Pino Md. White Marsh 11721 Hamilton Place 21162 Balto. YES [NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Andrew Yaates Mertice Browning ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) medi 220.07.04935 Gardner--Same as 13e No Tulla T APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR ASA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION 0 16 lanco prior ony 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 19a DATE OF OPERATION IN-GERTIFYING CAUSES OF DEATH? shaws Mental Hygiene NO Z YES T NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF GEATH Hem MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the decease live on obove (I) (we) (did (did not) view the body ofter death and that in my (our) opinion death occurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN TRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATOR 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Baltimore Burial 1979 BP. Moreland Mem. Pk 250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M ADDRESS (VR A 15 (4) 1 9/74 Walter Brooks Bradley Inc. Dundalk, Md.

STATE OF MARYLAND

79-03229 parent liberal M. we thank as for monthly the way to be a will be William The Topson a Margarille made 21887 moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	(TYPE	CEASED NAME	er R.		yson Sr.	200		2-6-79	P 100		10:
9	3. SE	× Male		4. RACE White		5. DATE O	7-1903	6. AGE IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS
35	7a BI	Balto.	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	OR COUNT	ounty.	
00	10 CI	Baltimore	ATH	IF NOT IN SI	HOSPITAL, NURSI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		0.1	of BUSIN
3.5	,-130. S	AL RESIDENCE (IF NU	13b GOU	OTHER INSTITUTIO	ISC CITY OF TOV	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7431 Bro	okwoo	d Ave-	0
131	14 FA	John F.	Tenn	MIDDLE LYSON	LAST		15 MOTHER'S MAIDEN NAM	Russell		LA	
1		VAS DECEASED EVE		MED FORCES? WAR OR DATES)	714-03-	1077	Mrs. Marie	Tennyson	≈ 743	RI Brook	wood
		Conditions, if on gove rise to in couse (0), stot underlying cous	y, which nmediate ing the e last.	DUE TO, (b)	DR AS A CONSEQU	ENCE OF	erolie Carbe				
	ICATION	Conditions, if on gove rise to in couse (o), stot underlying cous	y, which mediate the last.	DUE TO, (b) DUE TO, (c) CONDITIONS (OR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE JERM NOT RELATED TO THE JE	INAL DISEASE OR CON	IDITION GI	IVEN IN PART 11	NGS USE
29	AL CERTIFICATION	Conditions, if on gove rise to in couse (o), stot underlying cous PART 2. OF SEC. 190. DATE OF OPER. 210. ACCIDENT WAS UT OR CONTRIBUTING	y, which mediate ing the ing t	DUE TO, (6)_ DUE TO, (6)_ CONDITIONS G 19b. CONI	OR AS A CONSEQUE ONTRIBUTING TO OF INJURY A.M. MONTH D	ENCE OF BEATH BUT OPERATIO	NOT RELATED TO THE JERM	INAL DISEASE OR CON 200 A)TOPSY? YES \(\text{NORS} \)	ZOD. IF YE	IVEN IN PART 10	feelin NGS USE
29	MEDICAL CERTIFICATION	Conditions, if on gove rise to in couse (o1) stot underlying cous PART 2. OTOR SIG	y, which interest in the control of	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY	DENCE OF DEATH BUT THE A	NOT RELATED TO THE FERM DESCRIPTION OF THE PERMITS OF THE PERMED	INAL DISEASE OR CON 200 A)TOPSY? YES \(\text{NORS} \)	IDITION G Leve 2 20b. F YE IN CERT Y YERY IN ITEM 18,	IVEN IN PART 10	Reclin
29		Conditions, if on gove rise to in couse (o), stool underlying couse PART 2. OT THE REST CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONTRI	y, which mediate ing the ing t	DUE TO, (6) DUE TO, (C) DUE TO	OR AS A CONSEQUE ONTRIBUTING TO OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE, the deceosed from 19	ENCE OF BEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE FERM N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET 19 3 3	INAL DISEASE OR CON 10 AND TOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TO	20b. F YE IN CERT Y WN	ES, WERE FINITI IFYING CAUSES (ES) PART 1 OR PART 2) COUNTY	Sign was a second of the secon
29		Conditions, if on gove rise to in couse (a), stat underlying cous PART 2. OF R SIC LIVE SIGNATURE 190. DATE OF OPER 210. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUI WHILE NOT ATW 220.1 certify that (I saw the decepe	y, which mediate ing the ing t	DUE TO, (b) DUE TO, (c) ONDITIONS (C) DIB. CONI 19b. CONI 21b. TIME HOUR A 21c. PLACE (AT HOME, S) tol) oftended to	OR AS A CONSEQUE ONTRIBUTING TO OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE, the deceosed from 19	ENCE OF BEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE JERM N WAS PERFORMED 211. LOCATION STREET 19 and that in (my) (and) opinion of DEGREE ATTENDING	INAL DISEASE OR CON 10 AND TOPSY? YES NOW RED (ENTER NATURE OF INJUR CITY OR TO	20b. F YE IN CERT Y REV IN HEM 18,	ES, WERE FINITI IFYING CAUSES (ES) PART 1 OR PART 2) COUNTY	NGS USES OF DEAN NO [

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ATTENDING PHYSICIAN: The low

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours of with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

Leonard J. Ruck, Inc. Baltimore, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03231

	- STATE REGISTRAR		DEPARIM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	9-0	723	
	DECEASED NAME FIRST		WIDDLE	1/	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
(19	Theln	1 1	L.	Tigh	0	February	10 1	979	8.002
3 5	SEX	4 RACE		S. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	UNDER I YEAR	IF UNDER 24 H
	Female	Whi	ite	July	8, 1933 T	45	YRS. MC	ONTHS DAYS	HOURS MI
70	BIRTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
1	Tenn.		5.A.	WIDOWE	D DIVORCED	Balti	more	Count	У
10	Rossville	(IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET AT LINE SQUARE	DDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS
130	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Ba		136 CITY OR TOWN Baltimor	V 1	13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{\text{\text{\text{\text{M}}}}	13e STREET ADDRESS 510 Me	Balt.		21206
7.	FATHER'S NAME Robert	WIDDLE	Gibson		15 MOTHER'S MAIDEN NAME FIRST Geneva	WE		1AS	
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GE	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUR		James L. Ti	band: ADDR ghe 51	O Meado	t., Md.	21200
	5185	TE CAUSE (a)	neumotho	NCE OF		ratory an	rest		
NO	Conditions, if any, which gave rise to immediate couse io), stohing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	r as a consequer	nce of	atory distr			N IN PART 10	
TIFICATION	gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	r as a consequer	NCE OF	NOT RELATED TO THE TERM		IDITION GIVE	WERE FINDIN	IGS USED
NEDICAL CERTIFICATION	gave rise to immediate couse io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, O (c) (c) 19b COND 19b COND 19b COND HOUR A. P. 21e PLACE	R AS A CONSEQUENT ON TRIBUTING TO DISTRIBUTING	OPERATION Y YEAR 19	NOT RELATED TO THE TERM	INAL DISEASE OR CON ZOB AUTOPSY? YES \(\text{NO.}\(\text{YES} \)	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate couse io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, O CONDITIONS CO 19b COND 19b COND 21b TIME CO HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO DI ONTRIBUTING TO DI OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA The deceased from U ary 1998	PARM, ETC. 1	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCURE 216. LOCATION STREET TY 29, 19/9 d that in (my) (aur) apinion of DEGREE ATTENDING	INAL DISEASE OR CON 200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO to PODY 125 death accurred on the of	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO STATE that (1) (Mcc) causes stated
7	gove rise to immediate couse (10), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPART OF CONTRIBUTING ALL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY WEDICAL EXAMINE 22d. I certify that (1) (this has sow the deceased alive a above, (1) (we) (1) (d) (d) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	DUE TO, O CONDITIONS CO 19b COND 19b COND 19b COND 21b TIME C HOUR A. R) P. 21e PLACE (ATHOME, STI	ONTRIBUTING TO DI ONTRIBUTING TO DI OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA The deceased from U ary 1998	PARM, ETC. 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET TY 29 19/9 d that in (my) (aur) apinian	ZOO AUTOPSY? YES NOTE CITY OR TO to POD 118 A COURTED AT THE DESIGN ACCOURTED ACCOUNTED AT THE DESIGN ACCOURTED AT THE DESIGN ACCOURTED AT THE DESIGN ACCOUNTED ACCOUNTED AT THE DESIGN ACCOUNTED ACCOUNTED AT THE DESIGN ACCOUNTED ACCOUNTED ACCOUNTED AT THE DESIGN ACCOUNTED ACCO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR WN ATY 19 FF CIAN PROPERTY IN ITEM 18, PAR	COUNTY 9 79, and fram the	NGS USED OF DEATH? NO STATE that (1) (Mcc) causes stated
MEDICAL	gove rise to immediate couse (10), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPART OF CONTRIBUTING ALL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY WEDICAL EXAMINE 22d. I certify that (1) (this has sow the deceased alive a above, (1) (we) (1) (d) (d) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	DUE TO, O (c) 19b COND 19b COND 19b COND 21b TIME O HOUR A. R) 21e PLACE (ATHOME, STI Ditol) offended the Februs off vigw the body CORPRINT) 21monte L 23b DATE	ONTRIBUTING TO DI ITION FOR WHICH O OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA the deceased from U ary 1994 after death.	NCE OF EATH BUT OPERATION 19 ARM, ETC.1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET TY 29 19/9 d that in (my) (aur) apinian	INAL DISEASE OR CON 200 AUTOPSY? YES NO RED CITY OR TO to POPULE death accurred on the of MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	COUNTY 9 79, and fram the	STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	1.	STATE REGISTRAR				CERTIF	CATE OF	DEATH	REG. NO	19	-03	232
		CEASED NAME	FIRST	7	MIDDLE	L	AST		20. DATE OF DEATH	ONTH DA	AY YEAR	26 HOUR
		Walter	c	J	Γ.	Toner			February 17	. 1979	9	10:10Am
	3. SE	x Male	4	RACE Whi	te	5. DATE O		1888	6. AGE (IN YEARS LAST BIRTHI		IF UNDER 1 YEAR	HOURS MIN.
6		IRTHPLACE (STATE OR FORE	ign 76	CITIZEN OF	WHAT COUNT	RY? 8	& LAIEVED	MARRIED	9. BALTIMORE CITY OR		OF DEATH	
107	1	New York		U. S	5. A.	WIDOWE		NORCED	Baltimor	e Cour	ntv	MD.
58		TOWSON		(IF NOT IN SUC	H FACILITY, GIVE ST				170. USUAL OCCUPATIO	WORKING LIFE)	INDUSTRY	
10	USU.	Baltimore Co	G HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BI	EFORE ADMISSION)	Towson	DOM: HAVE		mmis.	L.U.S.	Governe
35	Ma	ryland	Balt	imore	Cocke	ysville		NXXX	13e. STREET ADDRESS 6 Honeybe	e Cou	rt	
Bi	14 FA	Joseph	MI	DDLE	Toner		E1	'S MAIDEN NA/ FIRST 1a	WIDDIE		Ne	alon
1	16a V	WAS DECEASED EVER IN		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT	ADDRES	5		
	- '	NO	1 123, 0172 11	AR OR DATES	216-46	-0436	Rhea	V. Tone	er, Same As	#13e		
lic eveni, me medico		PART I. DEATH WAS	SCAUSED	BY: CAUSE (0)		ulma		1 0	ade ede	ma	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if ony, w	which	(r as a conse	OUENCE OF	ASI	CVD	COPI			
		gove rise to immed	diote the	DUE TO, OI	r as a conse	OUENCE OF						
10.7.	N.	PART 2. OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COND	TION GIVE	N IN PART 1	0 '
9	CERTIFICATION	190 DATE OF OPERATIO	ON	19b. COND	TION FOR WH	ICH OPERATION	WAS PERF	DRMED	200 AUTOPSY?	706. IF YES, IN CERTIFY YES	WERE FIND II	NGS USED S OF DEATH?
9	9	770. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	USE OF DEATH	21b. TIME O HOUR A P	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURF	RED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK			EET, FACTORY, OFF		21f LOCATI	ON	CITY OR TOWN		COUNTY	STATE
2		27a I certify that (the saw the deceased above, (m) (we) (did	alive on (did not)	l) ottended the	e deceased from 17 17 1	9 <u>79</u> , on	ry 16 d that in lary	, 19 <u>79</u>) (our) opinion (, to February death occurred on the dat			that (we) lost couses stated
WOKING THE		226. SIGNATURE	ima	l n	Spir)	EGREE	ATTENDING PHYSICIAN []	MEDICAL STAFF	AN 🗆	22c. DATE	SIGNED
CAN		774 PHYSICIAN'S NAM	£	-			7620		Road. Towson	Md.	2120/	
	23o. l	BURIAL, CREMATION, RE		23b. DATE		23c. NAME OF C			23d. LOCATION		COUNTY	STATE
	Ei	ntombment		2-20-7	79	Dulaney	Valle		Cockeysv	ille,	Balto	. Md.
	24 5	INIEDAL DIRECTOR						250 DAT	F DEC'D BY DECISTRAD 2	L PERISTO	ADIC CHOLINE	Mar. Jan

Towson, Md.

BP. DHMH-16 50M 7/77 (VR A 15 (4))

Ruck Towson Funeral Home, Inc.

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76	of females

DIVISION OF VITAL RECORDS,

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) 3. SEX AGE LIN YEARS LAST DIRTHOAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR AONTHS DAYS HOURS 72. 1906 Hema TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY mapy/pred. SAltmore County WIDOWED DIVORCED | IS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR 120 USUAL OCCUPATION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DAIRY Farmer PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136-CITY OR TOWN P 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland ~ Kton YES [NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST mus mine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 1316 Stablerville (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) LOIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and jc PART I. DEATH WAS CAUSED BY phy IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO A YES [NO I d Mental Hygi 71a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21. 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 50 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (the haspital) attended the deceased from sow the deceased olive on. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not)-view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL -ATTENDING STAFF be o. PHYSICIAN DIRECTOR PHYSICIAN 724 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS id b IMPORT/ £ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF JOWN COUNTY STATE BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 50M 7/77 ADDRESS (VR A 15 (4))

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1

should be detached for use as the burial transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CLKIIII	CATE OF DEATH	REG. N	0.	3 00	7 2 0
	CEASED NAME	FIRST	W	VIDDLE	LA	ST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		SINA	0	ā.	TWELE	BECK		2/	10/79	10.0
3. SE	x Femal		RACE	Jhite	S. DATE OF MONTH	F BIRTH DAY YEAR 17 07	6. AGE IN YEARS LAST BIR	THOAY)	MONTHS DAYS	HOURS MI
	IRTHPLACE (STATE OR FO		CITIZEN OF V	WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O			
	OWSON, MD			H FACILITY, GIVE STREET	ADDRESS)	MEDICAL CE	120. USUAL OCCUPAT	ION OF WORKING	12b. KIND (INDUSTRY	OF BUSINESS
USU	AL RESIDENCE IN NURS STATE	13b COUNTY Balti	Y		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO (13e. STREET ADDRESS 1216 Rider			
14. F/	ATHER'S NAME FIRST		DOLE	LAST Goosman		15 MOTHER'S MAIDEN NA FIRST Louisa				ist B
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME	ED FORCES?	166 SOCIAL SECU 216-34-34		17. INFORMANT Edwin J. Twe	Lbeck Same	ess as 7	#13	
	4380	IMMEDIATE	DUE TO OF	RESPIRA RAS A CONSEQUE	ENCE OF				(A) (20 M)	
Z	Conditions, if ony, gave rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate ig the last.	DUE TO, OR	R AS A CONSEQUE	ENCE OF	STIVE HEAR		DITION G	IVEN IN PART 1	(0)
IIFICATION	gave rise to imn cause (a), statin underlying cause	nediate g the last. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE	DEATH BUT I		MINAL DISEASE OR CON	20b. IF Y	ES, WERE FIND IFYING CAUSE	INGS USED
CAL CERTIFICATION	gave rise to immoduse (a), stating underlying cause PART 2. OTHER SIGN	nediate g the last. VIFICANT CO	DUE TO, OR (c) PODITIONS CC 19b. CONDI	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT I	NOT RELATED TO THE TERA	AINAL DISEASE OR CON 200 AUTOPSÝ? YES NO	20b. IF Y	ES, WERE FIND FIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	NIFICANT CO	DUE TO, OR (c) NOTIONS CO 19b. CONDT 21b TIME OI HOUR A./ P./	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D.	OPERATION AY YEAR 19	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	ZOO AUTOPSY? YES NO SERED JENTER NATURE OF INJU	20b. IF Y IN CERT RY IN ITEM 18	ES, WERE FIND FIFYING CAUSE YES []	INGS USED S OF DEATH?
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BP. DHMH-16 50M 7/77 (VR A 15 (4))

1630 Edmondson Avenue

Deriot 2/19/70 Ilerratus Rate document Incodesia Sultane Funar I Mona of Cotonoville Incodesia 1640 Identifier Edina (Intohoville, 2. 1422)

oth oth		CEASED NAME FIRST John	n Michaek	Twele, Jr	Feb. 6, 1979	9 - 0 3 7 3 7 DAY YEAR 26. HOUR
ge 4 may	3. SEX	Male	4. RACE White	5 DATE OF BIRTH MONTH DAY March 18, 1922	6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
Merch. Pos Mr. 77.76 Mr. 7	Ma	RTHPLACE (STATE OR FOREIGN DUNTRY) TY Land		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore Cou	
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Main St. Westminster

Md.

Thomas D. Fletcher & Son Funeral Home

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 1/75 (VR A 15 (4))

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204 FEB 26

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should be detached for use as the buriol-transit permit. Then please remove corbangope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

injury, or other troumotic

MPORTANT: If them 21 is marked or Item 18 shaws any

24. FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 Tork Rd.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10. 7	9 - 03	242	
		CEASED NAME OR PRINT)	FIRST ISS M	arcelle	Ann Wa	lins	AST	Feb.	19,	1979	26. HOUR	PM
	3. SEX	female	1	white		S. DATE C		6. AGE (IN YEARS LAST BII	rthoay)	MONTHS DAYS	IF UNDER 2	MIN.
7		RTHPLACE ISTATE OR FOI DUNIEY) France		b. CITIZEN OF Y	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY : Baltimor	_			MD.
C	A	nneslie	137	1117	Arran Ro	ad ad	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST Hairdre		12b. KIND C INDUSTRY	F BUSINES	SOR
5	USUA Bas Mar	AL RESIDENCE (IF NURSING TATE Land	NG HOME OR COUNT Balt	other institution. IY Imore	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Anneslie	ADMISSION) N	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 1117 Ar	ran R	load		
	14 FA	THER'S NAME Eugene	M	IDOLE	lalins LAST		is mother's maiden name is matile	da		LeSioud	i	
		VAS DECEASED EVER I ES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	215-03-8		Adrienne Lace	ey 1117 Arr		1.		
		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gave rise to imm	AS CAUSED IMMEDIATE which	BY: CAUSE (o)	Myscan RASA CONSEQUE	eleul ENCE OF	elusion	i		Sud	den year	
7	CERTIFICATION	cause (a), storing underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	IFICANT CO	(c) ONDITIONS <u>CC</u>	ONTRIBUTING TO D	SITT C	NOT RELATED TO THE TERM N WAS PERFORMED		20b. IF YI	colusas	NGS USED	
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/		226. SIGNATURE 226. PHYSICIAN'S NA Dr. Alf	red 0	ssman	1	nD,	220. ADDRESS 1101 St. P	director ☐ PHYS	AFF ICIAN 🗌	2/2 DATE	SIGNED	
		BURIAL, CREMATION, F SUFFIAL	REMOVAL	23b. DATE			edeemer Cem.	Baltimon	re	COUNTY	Mã	TE .

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TO FUNERAL DIRECTOR:

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	13	- 0	JL	7 3	
1		EASED NAME	FIRST		AIDDLE		AST			AONTH	DAY		26 HOU	P
			REBECO		٧.	WA)2	26	79		: 20 _M
	3. SEX	emale		4. RACE White	9	S. DATE C	DAY YEA	R	6. AGE (IN YEARS LAST BIRTH	YRS.	IF UNDE	OAYS 8	HOURS	MIN.
	, cc	RTHPLACE (STATE		U.S.	.A.	MARRIE			BALTIMORE CITY OF		Y OF DE	ATH		MD.
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1	130 S	residence (IF NURSING HOME OR 136 COUN Cari	ITY	130 CITY OR	TOWN	134 INSIDE CITY LIMI YES NO		706 Park	Ave	enue			
1	14. FA	THER'S NAME FIRST James		Roy	VanS	ant	15. MOTHER'S MAIDE BESS		e middle		Rho	der	ick	
	16a W (Y	AS DECEASED ES, NO OR UNKNOW NO	EVER IN U.S. AR/	WAR OR DATES)		SECURITY NO. 24-1233	Carl W.	Wai	rd, Same	,	13			
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			JUAN J	MUNO	Z		GREATER	BAI	LTIMORE M	EDIC	CAL	CE N	TER	
	23a. B	URIAL, CREMAT	TION, REMOVAL	23b. DATE	one		EMETERY OR CREMAT	TORY	23d LOCATION CITY OR TOWN	3.F. T	COUNTY	oni	م احدا	Ma
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

Charles W. Burrier, Jr., Sykesville, Md.

BY REGISTMAR 256. RESISTAR'S SHANN TRE

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03244

	REGISTRAR			CEKTIFICATE UI	DEATH	REG. N	10		
1. DEC		IRST	MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE C	Jam	00	М.	Ware		Feb	23	1979	1000
3. SEX	Jan	4 RACE		DATE OF BIRTH		6 AGE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
				MONTH DAY				MONTHS DAYS	HOURS MIN.
_	Male	Whit		June 6,	1909	69 years	YRS.		
	THPLACE (STATE OR FOREIGNTRY)	GN 75 CITIZEN O	F WHAT COUNTRY?	MARRIED XX NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
	Maryland	U.S.	A. v	VIDOWED [DIVORCED [Baltimore	Count	ty,	M
10 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING		ISTITUTION	12a USUAL OCCUPATION OF MOST		12b. KIND C	F BUSINESS OF
(Catonsville		lenwood Ave			Security (Unkn	Ovan
USUAI	RESIDENCE (# NURSING	HOME OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFORE AD	MISSION				Olikii	OWII
13e. ST		COUNTY	13c. CITY OR TOWN		CITY LIMITS?	13e STREET ADDRESS		0	1000
	Md B HER'S NAME	altimore	[Catonsvi]		NOXX R'S MAIDEN NA	16 Glenwo	ood Ave	enue 2	1228
17-101	FIRST	MIDDLE	LAST	IS. MOTHE	FIRST	WIDDLE		LA	57
	George	Ε.	Ware		mma	С.		Le	hrl
	AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17 INFOR	MANT	ADD	RESS		
	NO		214-01-534	Mrs.	Shirley	Ware, 16 0	lenwoo	od Aven	ue 2122
T	8 CAUSE OF DEATH	nto, poli, poo se uso o							MATE INTERVAL
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (o)	CARDIORESPI	RATIRI FA	YWURE				
	PART 2. OTHER SIGNIFI	CANT CONDITIONS						EN IN PART 10	01
CERTIFICATION	90 DATE OF OPERATION	N 196 CON	DITION FOR WHICH OP	'ERATION WAS PERI	FORMED	20€ AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
	OR CONTRIBUTING CAUS		OF INJURY	YEAR 21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, P	ART 1 OR PART 2)	
CA	(IF EITHER, NOTIFY MEDICALE)		P.M.	19					
¥	WHILE NOT WHILE		OF INJURY TREET, FACTORY, OFFICE, FARM	A, ETC.) 21f. LOCA STREE		CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT WORK	U							
2	220.1 certify that (I) (shi	TAAL		agril 3,	19_78	to	3	19_79	that (I) (ne) la
	sow the deceased a	live on		, and that in (m	y) (opinion	death occurred on the c	date and hou	r and from the	couses stated
7	22b. SIGNATURE		7 01101 000111.	DEGREE				22c. DATE	SIGNED
	Joseph	H. mille	n mo		ATTENDING .	MEDICAL STA	FF	2-2	3-79
2	22d. PHISTCIAN'S NAME			22e. ADDR		DIRECTOR [PHYS]	CIAN		- "
		H. Miller	mD	IZE. ADDR	900 5.	CATON A	VE	Ballo.	42 29 M
23a BU (SPI	RIAL, CREMATION, REA	MOVAL 236. DATE	23c. NAA	ME OF CEMETERY O	RCREMATORY	23 d. LOCATION CITY OR TOWN		COUNTY	STATE
	Buria1	2/26/	70 Tol	keview Cen			0-		1 d
	UULLAL	1 41 401				Carroll			ryland
	VERAL DIRECTOR	1 2/20/		4d. 21229		E REC'D. BY REGISTRA			

DHMH - 16 60M 7/73 (VR A 15 (4))

13	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		79-03245
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	ONTH DAY YEAR 2b. HOUR
Page 4 may be director, page 3 hours after death ce.	(TYPI	ORPRINT) NEL	LIE Catherine	· WAREAN	1	2-12-79 10Am
moy po ter d	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
rector	F	emale	White	9 - 14 - 11	67	MONTHS DAYS HOURS MIN
Po Po		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
\$ 12 Y2		ryland		WIDOWED DIVORCED [Baltimore	
of the second		TYORTOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A Multi-Medical	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TRETAIL Sa	WORKING LIFE) INDUSTRY
filled in hould be	13a.	TATE 136 COU			13e STREET ADDRESS	
shoul			timore Baltimor			oppa Road
d 2 d 2			MIDDLE LAST	15. MOTHER'S MAIDEN P	MIDDLE	LAST
0		rrol VAS DECEASED EVER IN U.S. AR	Gilbert RMED FORCES? 166. SOCIAL SECUR	Lillian III NO. II INFORMANT	ADDRES	Cullem
n and composition of the composi		ES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)			
0 5 6	-	NO	215-22-0		. Waream 40	
th certificate be nating physicio corbanpapers , or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY:	IC'		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (0) ADIRUCT (JIVIT		Iyear.
death attendi	100	1719	DUE TO, OR AS A CONSEQUE	NCE OF		
e dec move prou		Conditions, Af any, which gove rise to immediate	(b)		349-11-2007	
in a signed by the ottending. Then please remove cart into burial, cremation, or injury, or other troumotic.		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
gned b en pleas burial,		DARY O OTHER CICALIFICANIX	(c)	FATH BUT NOT DELIVED TO THE TE		
been signed rmit. Then plea prior to buriol ony injury, or	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
been mit. I prior	AA	19a. DATE OF OPERATION	196 CONDITION FOR WHICH (PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
S EL EL S	E S				YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
ter this certificate hos is the burial-transit per hand Mental Hygiene priked or item 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	
riol-transil entol Hygi frem 18 shr	ICAL O	OR CONTRIBUTING CAUSE OF DE		Y YEAR		
	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
the the one one ked	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
R: After use os tl Heolth or is morke			ital) attended the deceased from		, to	, 19, that (1) (we) last
for us of He 21 is		sow the deceased alive or obove. (1) (we) (did) (did no	n1919	, and that in (my) (aur) apinio	on death accurred on the dat	e and hour and fram the causes stated
he hospital or attending physician. DIRECTOR: After this certificate ha roched for use as the burial-transit pic Dept. of Health and Mental Hygient If them 21 is marked or them 18 show.		226. SIGNATURE		DEGREE		22c. DATE SIGNED
		Filler	uai M.	PHYSICIAN		
D M ON Y		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
		D) KLEE	EMAN	7600	osler P	RNE 21204
of short of the sh	23a.	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY STATE
P	E	urial	2-15-79 St.	Michael's Ch		Hall Balto Md.
16 50M 7/77		INERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
R A 15 (4))	La	ssahn Funera	11 Home 7401 Be	lair Rd.	FR 1 4 1970	Fritzen Ma Create

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modification			Leven
		6.4	
FOSIA SITTAD DELT	750000	LIAM	13 3 12 1

736 Edmondson Aug

FOR

REGISTRAR

- STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-03246

REG NO

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		J. 8181 25, 21 15	683 411	
	BALTIMORE COUNTY		•	
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		Carlot A A A	iot - intol	
17.13.13			and a semi	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03247

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) February 4,1979 9:30 Blanche M. Warner 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINITIED DA MOS HOURS August 26, 1878 White Female 100 1 BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Maryland Masonic Home TYPE OF WORK FOR MOST OF WORKING LIFE Own Home Cockeysville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION City 13e STREET ADDRESS Baltimore 13d. INSIDE CITY LIMITS? Maryland 3704 Fairview Ave. NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE William A. Rutter Alice C. Mc Keldin ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Maryland Masonic Home, Cockeysville, Md. NO n one CAUSE OF DEATH (Enter only one couse per line for (a, ib), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PAR DITION GIVEN IN PART 110

12	OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH	SUT NOT	RELATED 1	TO THE	TERMINAL	DISEASE	ORCC	N

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive an obove, (1) (wet)(did) (did not) view the body after death 22b. SIGNATURE

23b. DATE

2-7-79

DEGREE ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN 22e ADDRES

200 AUTOPSY?

NOF

CITY OR TOWN

and that in (my) (are) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

21d INJURY OCCURRED

AT WORK

23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

23d. LOCATION CITY OR TOWN

Burial 24 FUNERAL DIRECTOR

(SPECIFY

CERTIFICATION

MEDICAL

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orked or

4

ORT

BP.

DHMH - 16 60M 1/75

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Pikesville, Balto. Maryland

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

		4.3	

Catonseille Ald 21220

STATE OF MARYLAND

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and the second s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-03249 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR TYPE OR PRINT) ECILIA 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR MONTHS DAYS HOURS TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY COUNTRY COUN Maryland BaltimoreCountyo. DIVORCED [WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MOUNT UILSON Homemaker Home BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land 136. COUNTY Baltimore 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 665 W. Fayette Street 21201 YES CC 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDE LAST MIDOLE LAST UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mt. Wilson Center Mt. Wilson, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) removo ARREST PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0 RIOS (ZEROSIS Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 1)1 Seur 191 CONDITION FORWHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a, AUTOPSY? b IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene frem 18 shows NO YES [NOF certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ō CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the beceased from saw the deceased olive or and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT id be of 22d. PHYSICIAN'S NAME (TYPE OF PRINT) shoul 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Westview Memorial Park Catonsville Baltimore Maryland Feb. 14, 1979 Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. DHMH - 16 50M 7/77 (VR A 15 (4)) 8728 Liberty Road Randallstown Maruland 21133

within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbompopers. Pages I and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	7	9 - 03	3250
		CEASED NAME FIRS	1	WIDDLE	L	AST	20. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
	(tire		mond	M.	Webr	ner	Febuary 3	rd, 1	979	2:20 Am
	3. SE		4. RACE	Comment of the last of the las	5. DATE C		6 AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER I YEAR	
		MALE	Wh	,1e	De		79	YRS.	MONTHS DAYS	HOURS MIN
e e		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OFDEATH	
5		PENN	u.	1. A	WIDOWE		Baltimore	Cour	nty	MD.
fied	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING TH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LI	12b. KIND (OF BUSINESS OR
3) 8		owson		Cseph Hos			FLECIR	IAN		LREAC
of the part of	13a S	AL RESIDENCE (IF NURSING HO	ONE OR OTHER INSTITUTION	13c. CITY OF TOWN	111	13d. INSIDE CITY LIMITS?	30 STREET ADDRESS	tolge.	wood	Ave
a Sine	14 FA	THER'S NAME	AMIDDLE	ust / /	/	15. MOTHER'S MAIDEN NAM	AE MIDDLE	/	1A	SI
A20		TERRY	HIMIRA	~ Web	NER	FINNA	MA	Ry		ROCK
medico		VAS DECEASED EVER IN U. ES, NO ORUNKNOWN) (IF YE	S. ARMED FORCES? S, GIVE WAR OR DATES)	16b SOCIAL SECUR	TITY NO.	17. INFORMANT	E Webn	er er	SA	7ml
t, the		18 CAUSE OF DEATH (En	ter only one couse per	line for (o), (b), and	(CAT	\	21.		APPRO) BETWEEN	MATE INTERVAL
ewo		PART I. DEATH WAS C	EDIATE CAUSE (0)	Correr	na	y Insuf	harene	27,		
or r notic		411-	DUE TO, O	R AS A CONSEQUE	NCE OF	L- 111		5	200	
roon		Conditions, if ony, while gove rise to immedia		con	es	I'me In	an jare	un		
other t		couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	VERRI	e To alex	ve!			
0 0 0			(c)							
lo bu	Z	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS <u>C</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	OITION GIV	EN IN PART I	(01
ny ir	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDS	
S 2	IIFIC						YES NOT		FYING CAUSES	S OF DEATH?
8 35	CERI	21a. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCURR			had .	
Mentol r Item 1	AL	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DA'	Y YEAR	THE TABLE				
20	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			21f. LOCATION STREET	CITY OR TOW	(A)	COUNTY	STATE
morked	2	AT WORK AT WORK] (A) HOME, SI	REEL, PACTORY, OFFICE, PA	RM, EIG.J		C111 OK 10 11		COUNTY	SIAIE
Heolth is more		22a.1 certify that M (this	hospital) attended th	e deceosed from	lanua	y 21th 19 79	. to February		19_79	that M (we) lost
2 1		sow the deceased oli above, (M (we) (did) (e	ve on FEDICUAL Let not) view the body	v 3rd 19 ofter death	79 , or	d that in (my) (our) opinion o	leath occurred on the do	te and hou	or ond from the	couses stoted
State Dept.		22b. SIGNATURE	101	/ /	0	DEGREE ATTENDING	MEDICAL STAF	_	22c. DATE	SIGNED
N T to te		MY	Odre	Leenm	7	PHYSICIAN 4	DIRECTOR PHYSIC			
MPORTANT:		22d. PHYSICIAN SNAME	TYPE OF PRINT)			22e ADDRESS				
# 8 1		Abdol Hami				7620 York Ro		Mary	rland 2	1204
-	23a E	SURIAL CREMATION, REMO	OVAL 23b. DATE	23c N	AME. OF O	EMETERY OR CREMATORY	23d. LOCATION	-		

TARKWOOD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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Joseph	, Korron, Minden	and sent to			

9-03251 CLADYS CORDELL WEDDLE x 2-2 77 2-3 79 4 Acule Mys carried Imperfus Dishilas Hellelin, Rhamatord or Thriby 2112, Budale to Ent 21222 K S. AHEUWALIT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-ENNIE XXXX EINBERG 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH 4. RACE 2d. HOUR 2c. DATE PRONOUNCED 12, 1895 XXXX83 WHITE FEMALE 5 DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWEDXX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY SECRETARY CLOTHING MFG. Convalencent Cotte #21215 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13c. CITY OR TOWN NO 17022 PARK HGTS. AVE., APT. H BALTIMORE MARYLAND 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE UNKNOWN ROSE LEVIN MORRIS 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? MARVIN WEINBERG 4121 COLONIAL RD. #21208 214-22-3131 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (y), (b), and (c).) PART I DEATH WAS CAUSED BY: terrios clerotic Cordioniques DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | | CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO Q 21g EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED THE PLACE OF INJURY TATHOME. 211. LOCATION WHILE AT WORK AT WORK Inspection 22a I certify that I took charge of the remains described above, held on Autopsy Accident Homicide Undetermined monner Suicide 555 FERRERO ADDRESS PACTO 23c. NAME OF CEMETERY OR CREMATORY FEB. 4, 1979 (ARLINGTON) CHIZUK AMUND BALTIMORE BURIAL SOL LEVINSON BROS., INC. **DHMH - 17** (VR A15 ME (5)) 6010 REISTERSTOWN RD., BALTO., MD 21215 15M 7/76

73-03252 3 7 5 5 7 1 7 1 1 3 1 5 1 V 1 5 retrained to the control of the cont ALL MARKET STATE OF THE PARTY O Selected reports to the annual continues

FOR - STATE

medical examiner must be notified at once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03253

-		REGISTRAR		CERTIFICATE OF DEAT	п	REG. NO.	10	500	
		CEASED NAME FIRST	MIDDLE	LAST	2a DATE	OF DEATH MONTE	H DAY	YEAR	2b. HOUR
112	(TYPE	ORPRINT) MARY	8	WENGER		02	20	79	11
- 7	3. SE>	(4 RACE	5. DATE OF BIRTH	6 AGE	IN YEARS LAST BIRTHDAY)	IF UNDF	RIYEAR	IF UNDER 24 HRS
	3 . 527	Female	White	MONTH DAY Y	EAR 3	75	MONTHS:	DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	9. BALTI	MORE CITY OR CO	UNTY OF DE	ATH	
44		nnecticut	U.S.A.	WIDOWED DIVORO		ALTIMOR	E COU	NT	Y MD.
	40. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTI		AL OCCUPATION			BUSINESS OR
54	1	RANDALLSTOWN	BALTO, COA G	FAFRAL HOSE		york for most of world		USTRY	
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)					
27	13a. S	MD 13b COUR	BALTO Pikesvil	Le LYES TO NO	MITS? 13e STRE	ET ADDRESS KELLER 1	PRAD	218	208
J. Strand	14. FA	THER'S NAME	7,000	15 MOTHER'S MAI		1200	2/12		
2/		Joseph Michal	ski	FIRST E	iva	(UNKNOWN.	•	LAST	
1	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR	RITY NO. 17. INFORMANT	Mrs. Mary	y Jamere Wa	lter	-	, 1
1		NO	212-05-5	142B 3730 Cour	tleigh Ro	1. Randal	lstown,	, Md.	21133
			nly one couse per line (gr)(o), you, and	1(0)	4-1	D	8	APPROXIM ETWEEN OF	NATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (O)	1 Cer 0/1	ho à	ung			
		1629	DUE TO, OR AS A CONSEQUE	NCE OF		//			THE WEST AND IN
Ħ		Canditions, if any, which	(b)	146601		0	48 9 5		
		gove rise to immediate cause (a), stating the	-)		WA 174 - 1				
		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
		DARL 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT BELATED TO T	WE TERMINIAL DISE	ASE OR CONDITIO	NI CIVENI INI I	DART 1(m)	
11/0	Z	TAKE 2. OTTER SIGNIFICANT	2010/110/13 COMMBONIA 10 D	ALAM BOT NOT KEEKIED TO T	THE PERMITAL DISE	ASE OR CONDINO	IN GIVEIN IN P	AKI IIGI	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a Al	UTOPSY? 20b.	IF YES, WERE	FINDING	GS USED
9	IFIC				YES T	IN	CERTIFYING C	AUSES C	DF DEATH?
5	ERT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c. HOW INJURY		R NATURE OF INJURY IN IT		PART 2)	NO []
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR					
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION					
	ME	WHILE ON NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA			CITY OR TOWN	cou	NTY	STATE
43		AT WORK		2/19	79	7/		70-	
			ital) attended the deceased fram _	76 , 19	, to	-	19		nat (I) (we) last
			it) view the body after death	, and that in (my) (our)	apinian death accu	rred on the date ar			
		22b. SIGNATURE	201.1.	DEGREE NA 1/2 ATTEN	IDING MEDIC	AL STAFF	220	C. DATES	IGNED / 70
		/ Y X	homes he	- /VL * PHYS	IDING MEDIC.	OR PHYSICIAN	20	1	20/19
- 1	150	22d DAYSICIAN'S NAME I YPE O	RPRINT)	22e ADDRESS		C 5.11	T. C.	-11	4.,2
1		b. Odn'	un ves sir	1813 61	mente	COUN	14 08	- イヨ	17001.
		URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREM	l CI	DCATION TY OR TOWN	COUNTY	5	STATE
		Burial	2/23/79 Dr	uid Ridge Ceme	tery Pil	kesville	Balto	Md.	
		NAME	Byers Funeral Di			Y REGISTRAR 256. 8		KEL	
	87	28 Liberty Road	d Randallstown, M	laryland 21133	FEB 22	19/9	11/11		- Saly

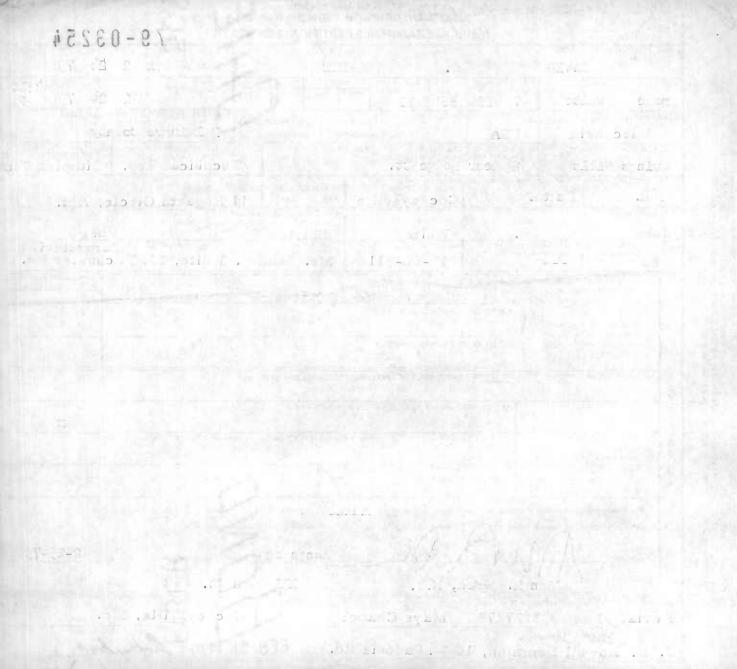
BP______ DHMH - 16 50M 7/77 (VR A I 5 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached far use as the burial-transit permit. Then please remave carbanpapers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

79-03253

6	-	tems # FOR STATE REGISTRAR	18a-22a	Film G530 MEI			AND MEN	ITAL HYGIE ATE OF DE	ATIL	EG7NQ _	03254	
URS EET,	{TYP	CEASED NAME OR PRINT)	DAVID		A.		HITE		20. DATE KNO OF EST DEATH MAT	ED X 2	24 1979	26 HOUR
OUR FIL		ale	white	5. DATE OF BIRTH DAY 7 25	YEAR 55	LAST BIRTHDAY) MONT		UNDER 24 HRS	PRONOUNCED DEAD	MONT 2	24 1,79	4:10 p _M
5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	FO		onsin	76. CITIZEN OF WE		WIDOW	/ED 🔲 t	R MARRIED X	Baltin	nore Co		MD.
E ROC	0	rvörtown wings l	Mills	4F Deer	Lode	ge Ct.	ier institutio	FO	SUAL OCCUPATION R MOST OF WORKING LETTERS	IFE)	OR INDUS	try e
SHOULD BE	13a. S	Mā.	Balt	OR OTHER INSTITUTION, GIV O•	13c. CITY	or town keysville		NO 🔯 1		th Circ	le, Apt.	<u> </u>
₹03A	0.52	THER'S NAME FIRST ohn		P.		nite	Shir	S MAIDEN NAM	AE MIDDLE		Voss	
DIVISION OF VIT	16a V		D EVER IN U.S. AR		16b. SOC	-62-9112	17. INFORMA	NT		2162	Jarretts Schuster	ville Rd.
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NOI	gave ri cause (a lying cau	ns, if any, which use to immediate stating the under- use last.	(b)	AS A CON	Methadone ISEQUENCE OF ISEQUENCE OF TED 1D THE TERMINAL DISEAS						
	CERTIFICATION		OPERATION			WHICH OPERATION W	AS PERFORME	ED?			20. AUTOPS YES 🖾	
STATE DEPARTMENT OF 21201 PRIOR TO BURIAL,	MEDICAL CER	UNDERLYING CONTRIBUTI	AL CAUSE WAS OR OR CAUSE OF OCCURRED NOT WHILE AT WORK	21e. PLACE C	. MONTH	DAY YEAR 19 (AT HOME, 211. LC	OW INJURY OF	CCURRED (ENTE	R NATURE OF INJURY IN	TITEM 18 PART 1 O	RPART 2}	STATE
IL DIRECTOR H, WITH THE MARYLAND,			ify that I taak charted fram: Natu	ge af the remains des	Accident	, Suicide	Hamicida TITLE (SPE	CIFY)	Inquiry.	DA		5-79
AFTER DEATH, BALTIMORE, M	-	EXAMINER'S (TYPE OR PRI	INT) A	nn M. Dixo		D.	,ADDRESS	lll Pen	n St.			



Items #18-22a Film DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3/9/79 re MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Elizabeth M. Wicks 10 19 79 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED S. Female White DEAD 9 10 1979 1884 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED ATA DIVORCED Baltimore County. Maruland IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY Randallstown Baltimore County General Hospital Payroll Clerk Penn. R.R. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 13o. STATE Balto. Woodmoor 3314 Croydon Rd. 21207 MD WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MA MIDDLE MIDDLE FIRST LAST LAST AND Ida Bond James_H. Muers 90 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Balto., Md (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3314 Croudon Rd. 213-74-5575 Mrs. Ida Keselina CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY W. PRESTON ST Acute Bronchopneumonia IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A CERTIFICATION Pelvis Fracture of 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES K 3 SHOULD BE NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR 0 Subject fell MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION FORWARDED NOT WHILE STREET, FACTORY, FARM, ETC.) AL DIRECTOR: PAGE 3 TH, WITH THE STATE DI , MARYLAND 21201 PR AT WORK AT WORK Hospital Balto. Co. Gen. Randallstown PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND (2): Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Homicide Undetermined monner TITLE (SPECIFY) 2/11/79 Assistant DATE SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Woodlawn STATE Balto. Lorraine Park Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Randallstown, Md DHMH - 17 E (VR A15 ME (5)) 21133 30M 7/73

STATE OF MARYLAND

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 79-03256 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 3 SEX AGE (IN YEARS LAST BIRTHDAY MONTH DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY . County. WIDOWEDX DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Housewife Home 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 9927 Richlyn Drive 21128 Maryland Baltimore Perry Hall NOX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Sarah Obeitz Albert Turner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-10-595 D-G. Robert Williams (son) same as 13 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and I PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE gave rise to immediate couse o, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CIVEN IN PART 1(a DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED ō IN CERTIFYING CAUSES OF DEATHS or Item 18 shows and Mental Hygre 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE EGREE 22c. DATE SIGNED ATTENDING APDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e. ADDRESS should be 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore. . BM Burral 2/16/79 Baltimore National 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 9705 Belair Road Schilmunek Funeral DHMH - 16 50M 1/76 (VR A 15 (4)) Balto.Md.21236 Home.Inc

Balto. Md.

21213

(VRA 15 (4))

Home. Inc

STATE OF MARYLAND

79-03257

MPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical examine

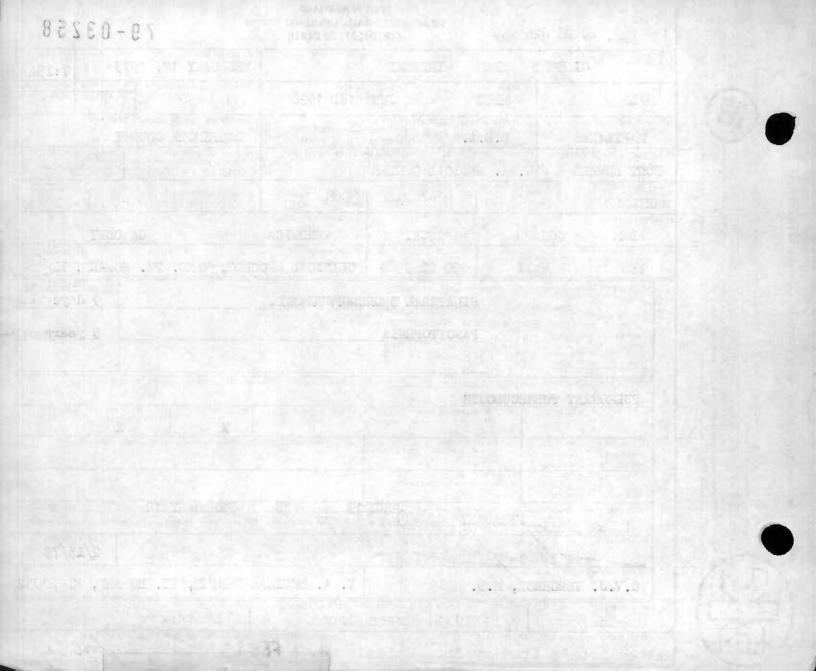
STATE OF MARYLAND

24 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley Inc. Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FEB 1 5 1979 Acheoly

	1-	FOR STATE REGISTRAR XC 28 82	4 259	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-	032	258	
		CEASED NAME FIRST GILBERT		WINI		AST	70. DATE OF DEATH FEBRUARY	2, 1979	YEAR	7:15A M	
	3. SEX	MALE	RACE WHITE		JUNI	E 18; AY 1928 AR	18 9 1928 AR 50 YRS				
1	7er BIF	MARYLAND	U.S.		WIDOWE		9 BALTIMORE CITY O BALTIMORE	COUNTY		MD.	
2	F	ORT HOWARD	V. A. M	EDICAL (ET ADDRESS) CENTER	OR OTHER INSTITUTION	120. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Constr. V	WORKING LIFE)	NDUSTRY	ete	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE NAME OF THE NAME	OTHER INSTITUTION,	Balti	WN	YES NO	13e. STREET ADDRESS 2931 Huds	on St.		Loors L224	
2	14 FA	ADAM JOSE	PH	WINIEC		VERONICA	WIDDLE	GAWC	DNY LAS	1	
7	16a W		MED FORCES? WAR OR DATES)	220 22		CLINICAL REC	CORDS, VAMC,				
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	D BY: E CAUSE (0)		L BRON	CHOPNEUMONIA			9 d	mate interval chiser and death ays ears	
	1	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	IN PART 1(c	5)							
/	CERTIFICATION	PULMONARY TUB			CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES		
/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In t		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFIC		21f LOCATION STREET CITY OR TOWN COUNTY STATE					
		220.1 certify thot/4) (this hospit saw the deceosed alive on obove. (Milwe) (did Abb ho	FEBRUA wiew the body	after death.		nd that in (A) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	ote and hour on	d from the		
1		C.V.J. VERGHE		•		V. A. MEDICA	AL CENTER, I	T. HOWA	ARD, N	D 21052	
1		BURIAL, CREMATION, REMOVAL		/1070 23		MOUNT	23d. LOCATION CITYOR TOWN	more coi	ути	₩ā.	

DHMH - 16 50M 7/77 (VR A 15 (4))



LAST 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS & AGE LIN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR au. Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE ISTATE OF FOREIGN MARRIED MEVER MARRIED COUNTRY WIDOWED DIVORCED ā 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ģ are USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) C 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS О YES [IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME 2 MIDDLE MIDDLE FIRST pup Henzu 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Wilhelminia Wisbeck 6914 Lachlann 18 CAUSE OF DEATH (Enter only one couse per line for jaketo PART I. DEATH WAS CAUSED BY actial IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION à YES 🔲 NOF DIVISION OF VITAL Mental Hyg 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 714 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 211 LOCATION 214. INJURY OCCURRED 21s PLACE OF INJURY STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK - 50-7 22e | certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (I) (we) (Ald) (did not) view the body after death DEGREE 226. SIGNATURE MEDICAL STAFF ۵ ATTENDING MI PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) KEEC ld b ÷ 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Redeemer

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

2b. HOUR

IF UNDER 24 HRS IF UNDER I YEAR DAYS HOURS

MONTHS

BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR

INDUSTRY,

retired

Lacriagno (ir. 21239

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [NO [

STATE

COUNTY

22c. DATE SIGNED

COUNTY

STATE Md.

DHMH-16 20M

(VRA 15, 4) 7/78

24. FUNERAL DIRECTOR John C. Miller Inc.

FOR

REGISTRAR

- STATE

6415 Belair Rd.

25 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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reports the state of the state.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02250

11.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	RF	G. NO.	9-03	200		
	CEASED NAME	FIRST	,	MIDDLE	ί	AST	2a. DATE OF DEA		DAY YEAR	26. HOUR a. I		
(TYPE	e or print) An	nelia	. M	arie	Wi:	ssman		2 -	12-79	11:00m		
3 SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY	MONTHS DAYS			
	Female		Whit	е		-22-1900	78	YRS	MONTHS	HOOKS Mus.		
76. 8	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUN	TY OF DEATH			
	aryland		U	.S.A.	WIDOWE	_	Baltimore County					
_	ITY OR TOWN OF DE.	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	126. KIND	OF BUSINESS OR		
J K	ingsville			OX 542A		Vista Rd.	Housevi			making		
ÜSÜ	AL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)			111111111111111111111111111111111111111				
	state aryland	Balt:	imore	Baltim		13d. INSIDE CITY LIMITS?	655 Gut		venue			
	ATHER'S NAME	Detab	THOLE		Ore	15. MOTHER'S MAIDEN N	AME					
50	Henry		MIDDLE	Kaise	22	Emma	MID	DLE	Brad			
160	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	A	DDRESS	102.000			
	YES, NO OR UNKNOWN)		WAR OR DATES)	218-34-		Doris Alex	ondon Di	1 Do	- 512A	Rd. Mt.Vista		
	18 CAUSE OF DEAT	1				DOLTS WIGN	ander R	A 1 100		XIMATE INTERVAL LONSET AND DEATH		
Z.	Canditions, if any gove rise to im cause (a), statiunderlying cause	mediate ng the lost.	(b) DUE TO, O (c)	R AS A CONSEQUER AS A CONSEQUERAD AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	DEATH BUT	NOTEPLATED TO THE TER	MINAL DISEASE OR		GIVEN IN PART I	(a)		
CERTIFICATION	190. DATE OF OPERA	TION 777	1 96 COND	TION FOR WHICH	· u		200 AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES			
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	NIN (a ruen sign			7	B, PART 1 OR PART 2)			
MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE		
		ed olive on	1 -	19 19	70,0	nd that in (my) (aur) opinion	, to	the date and h				
	226. SIGNATURE	fles	tworth	Cool			MEDICAL DIRECTOR P	STAFF HYSICIAN [2 · /3	SIGNED		
/	E. E.	SWAY-	th (Cook	MD.	27. ADDRESS 2431	wary la	ind,	Ave.	Balk No		
220	BURIAL, CREMATION	PEMOVAL	23b. DATE	23,	NAME OF	EMETERY OR CREMATORY	23d. LOCATION	ŀ				
230	(SPECIFY)	, KLMOTAL	2-15		TANKE OF C	EMETERT OR CREMATORT	CITY OR TOW	N	COUNTY	STATE		

7401

Belair Road

DHMH - 16 25M (VR A 15 (4) | 9/74

NAME

Lassahn Funeral Home

BP.

2.		1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	79-03261
moy be	fler deoth		CEASED NAME OR PRINT)	MIDDLE W.	S. DATE OF BIRTH S. DATE OF BIRTH DAY DYEAR	6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 28. HOUR 2.7 M. M. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
# 1	Solitied within 72 bours after a solitied of one.	C	RTHPLACE (STATE OR FOREIGN DUNTRY) TY OR TOWN OF DEATH		MARRIED MEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COU	re County MD.
in 24 hou	hould be	+13a. S	AL RESIDENCE (#, NURSING HOME OF TATE 13b. 900)	(IF NOT IN SUCH EACHLITY GIVE STRE	ttord have	528 5	of Ford Lane
executed	Poges 1 and 2	160.	Uilliam R VAS DECEASED EVER IN U.S. AR	MIDDLE WOOD FEET LAST LAST LAST LAST LAST LAST LAST LAS	Sulia	Wolfe, 528 Giff	Smith Bonkton Monkton
hat the deoth cert	ed by the orending physical place cemove carbon popers. rigl, cremotion, or remavol. or other traumotic event, the		PART I. DEATH WAS CAUSE	DBY: DBY: DE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	Noma the	erestate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he low requires	permit. Then per signs ene prior to bu	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	D DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. IIN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
PHY	the buriof-t ond Mentol	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2) COUNTY STATE
AL OR ATTEND	oched for us Dept. of He If Item 21 is		sow the deceased alive on	ital) ottended the deceased from	, and that in (my) (owr) opin	nion death occurred on the date and	22c. DATE SIGNED
HOSPIT,	ould be det the State		224 PHYSICIAN'S NAME (TYPE OF	RPRINT)	22ê. ADDRESS PARK	tox Md2112	

23 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

DHMH - 16 25M

230. BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Birw

Feb.

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol exom

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	J		U	V	6	U	4.

	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF LIYPE OR PRINTING TON 2/3	OF DEATH MONTH DAY YEAR 26 HOUR 12 AM
3. SEX 4 RACE 5. DATE OF BIPTH AND THE MARCH 3. 1908 6. AGE IN MARCH 3. 1908	YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
COUNTRY!	ORE CITY OR COUNTY OF DEATH altimore ounty MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (15NOT IN SUCH FACILITY, GIVES TREET ADDRESS)	LOCCUPATION 126. KIND OF BUSINESS OR INDUSTRY LINE NOT BUSINESS OR LINE
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 137. INSIDE CITY LIMITS? 138. STREE MARYLAND Baltimore Catonsville 15. MOTHER'S NAME FIRST FIRST LAST 15. MOTHER'S MADE FIRST LAST 16. MOTHER'S MANDE FIRST LAST 18. MOTHER'S MANDE FIRST LAST 18. MOTHER'S MANDE FIRST LAST 18. MOTHER'S MANDE FIRST LAST L	Harlem Lane Middle Last
I MAS DECEASED EVER IN ILS ARMED FORCES? THA SOCIAL SECTION NO. 17 INFORMANT	333 Harlem Lane 21228
Conditions, If ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	SEOR CONDITION GIVEN IN PART 1101 DIABETES MELLITUS
ARTERIOS CLEROTAL CHARDIO - VASCULAR DISENSE; 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUT YES 1210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY OF INJURY OF INJURY OCCURRED (ENTER NEW YEAR)	TOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 21f. EVALUATION STREET	VATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] CITY OR TOWN COUNTY STATE
obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICA. PHYSICIAN DIRECTO	red on the date and hour and from the causes stated 27c. DATE SIGNED 27c. DATE SIGNED 27c. DATE SIGNED 2-23-79 US TOWN, MA 21133
230. BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOC	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

14. FUNERAL DIRECTOR Harry H. Witzke Columbia Rd DDRESS llicott City

250, DATE REC'D. BY REGISTRAN

79-03262			
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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40.0	1 6 5	REGISTRAR				ICATE OF DEATH	REG. NO			
10		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HO
	3. SE	X Do	rothy 4 RACE	Lillian	S. DATE C	Vinger	Eebruary	HDAY T	979	IF UNDE
		Female	White		Dec.	13,DA 1915EAR	63	YRS.	ONTHS DAYS	HOURS
1 Coc	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIE	D MEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
50	В	alto., Md.	USA		WIDOWE		Baltimo	re Co	unty	25 2115 11
57	Ro	ssville 21237				OR OTHER INSTITUTION	(Seams trees	F WORKING LIFE)	ON COLE	hing
S. F.	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Ba	or other institution	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	02/ Middlesex		x Rd. 2122	
12	14. FA	ATHER'S NAME FIRST Roland	MIDDLE LAST POE		9	15. MOTHER'S MAIDEN NA Martha				
/ medico	(NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	213 20 7	7890	Walter J. Yir	nger, Husban		Sa	
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	er line far (a), (b), one	d (c)				BETWEEN	XIMATE INT
other		gove rise to immediate cause (0), stoting the underlying cause lost	DUE TO, C	DR AS A CONSEQUE	ENCE OF					
ony injury.	FICATION	cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICAN	t CONDITIONS C eart fai	TONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM Sis, anemia, N WAS PERFORMED	chronic obs	Tructiv 20b. IF YES, IN CERTIFY	VE PU	MONO INGS US S OF DEA
Shows ony injury,	ERTIFICATION	PART 2 OTHER SIGNIFICAN Congestive h	t CONDITIONS C eart fai	TONTRIBUTING TO D	DEATH BUT	sis, anemia, N WAS PERFORMED	Chronic obs	tructi 20b. IF YES, IN CERTIFY YES	VE PU WERE FIND ING CAUSE	MONO INGS US S OF DEA
18 shows ony injury.	AL CERTIFICATION	Cause 10), stoting the underlying cause lost PART 2 OTHER SIGNIFICAN Congestive h 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CEART Fai	ONTRIBUTING TO DE LOS TO THE CONTRIBUTING TO DE LOS TO THE CONTRIBUTION OF INJURY A.M. MONTH DA	DEATH BUT ipare OPERATIO	sis, anemia,	Chronic obs	tructi 20b. IF YES, IN CERTIFY YES	VE PU WERE FIND ING CAUSE	MONO INGS US S OF DEA
18 shows ony injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN Congestive h 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	T CONDITIONS C eart fai 196 CONE 196 CONE HOUR A HOUR A P	ONTRIBUTING TO DELIVER TO THE PROPERTY OF INJURY	ipare ipare OPERATIO AY YEAR 19	sis, anemia, N WAS PERFORMED	Chronic obs	Tructiv 206. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	VE PU WERE FIND ING CAUSE	MONO INGS US S OF DEA NO
21 is morked or Item 18 shows ony injury.		Cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICAN Congestive h 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this ho saw the deceosed alive obove, (1) (we) (did) (did	T CONDITIONS C Part fai 196 CONE 216 TIME C HOUR A FERN F 21e PLACE (AT HOME, S)	ONTRIBUTING TO E TUPE, hem DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY REET, FACTORY, OFFICE, F the deceased fram 1277 719	ipare ipare OPERATIO AY YEAR 19 FARM, ETC. Jan. 79 , or	Sis, anemia, N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET UATY 29 19 79 nd that in (my) (pur) opinion	Chronic obs	Tructi 206 IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	WE PUI WERE FIND ING CAUSE IT I OR PART 2)	MONO INGS US S OF DEA NO
them 21 is morked or Item 18 shows ony		Cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICAN Congestive h 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this ho saw the deceased alive obove, (h) (we) (did) (did) 22b. SIGNATURE	T CONDITIONS C eart fai 196 CONE 216 TIME (HOUR A ER) 21e PLACE (AT HOME, S) soutal offended to on February in the body Table 1 Table 1 Table 2 Table	ONTRIBUTING TO E TUPE, hem DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY REET, FACTORY, OFFICE, F the deceased fram 1277 719	DEATH BUT ipare OPERATIO AY YEAR 19 Jan 79 , or	SIS, anemia, N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 29 19 79 nd that in (my) (our) opinion DEGREE MO ATTENDING PHYSICIAN	Chronic obs	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAF	WE PUI WERE FIND ING CAUSE IT I OR PART 2)	MONO INGS US S OF DEA
21 is morked or Item 18 shows ony injury.		Cause 10), stoting the underlying cause lost PART 2 OTHER SIGNIFICAN Congestive h 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this ho saw the deceosed alive obove, (I) (we) (did) (did) 220. SIGNATURE 221 PHYSICIAN'S NAME (TYP)	T CONDITIONS C eart fai 196 CONE 216 TIME (HOUR A ER) 21e PLACE (AT HOME, S) soutal offended to on February in the body Table 1 Table 1 Table 2 Table	OF INJURY OF INJURY OF INJURY TREET, FACTORY, OFFICE, F he deceased fram 11 Ty 19 y after death.	ipare ipare OPERATIO AY YEAR 19 FARM, ETC. Jan. 79 . of	SIS, anemia, IN WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 21l LOCATION STREET 21l LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	Chronic obs	Tructi 206. IF YES, IN CERTIFY YES RY IN ITEM 18, PAF VN DIE and hour FF	WE PU WERE FIND ING CAUSE IT I OR PART 2) COUNTY 9 79 ond from th 22c. DAT 2	MONA INGS US S OF DEA NO

injury, or other traumotic event, the medical examiner must be ratified at once.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-03265

	2	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0 13	00	200	
П		CEASED NAME	EIRST		MIOOLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR	
8	(1110	ORPRINI	Marie		N.	Yi	ngling	Feb. 5,	1979		,	
	3 SE)	Female		4 RACE Whit	e	5. DATE O	pt. 3, 1904	6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	
F		BIRTHPLACE (STATE OR EOREIGN Balto. Md.		76 CITIZEN OF WHAT COUNTRY? USA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co. MD				
0		TY OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURSING HOME OF HEACILITY GIVE STREET ADDRESS) Shirley Manor I			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			OF BUSINESS OF	
E	USU / 13a. S	AL RESIDENCE (IET	13b. COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	134. STPSEE 6 DOSESSES	rley Mai	nor Re	oad	
2		Charles		MIDDLE R	Zentz		15 MOTHER'S MAIDEN NAM	WE	En	sor LAS	т	
	160 V	VAS DECEASED EV (ES, NO OR UNKNOWN)	ER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO 217-12-8550			Mrs. Shirley	ADDRESS By M. Sinn Charlotteville Va.				
Service and the service and th	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a.										
7	CERTIFICATION	19a DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY? YES NO		ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH?" YES \(\text{NO} \)		
7	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE		M. MONTH DAY YEAR M. 19		211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE 211 LOCATION STREET CITY OR TOWN			EM 16, PART I OR PART 2) COUNTY STATE			
		220.1 certify that (1) (this hospital) attended the deceased from									that (1) (we) las couses stated SIGNED	
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS								medical Staff Feb. 6,79 erstown Rd. Reisterstown, Md.				
	23a B	URIAL, CREMATIC	N, REMOVAL	23b. DATE 2/8/			EMETERY OR CREMATORY rstown Method:	23d. LOCATION CITY OF TOWN ist Reist	erstown	, Md.	STATE	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

24 FUNERAL DIRECTOR
Eline Fune: Reisterstown, Md. 21136 Funeral Home

Reisterstown Methodist Reisterstown, Md.

REGISTRAR ISH REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

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